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ABSTRACT

This volume, part of a series of Child and Family Resource Program (CFRP) evaluation reports, is devoted to the program study component of the CFRP evaluation. The purpose of this component is to develop the most comprehensive picture possible of the operation of the 11 CFRP's located across the country, in order to provide a backdrop against which the provision and impact of CFRP services to individual families can be more clearly understood. Relying heavily on impressionistic reports arising out of interviews with program staff and observations during site visits to 6 of the 11 CFRP's, the report revolves around the following topics: the nature of the community and institutional contexts within which the programs operate; the way in which each program is organized; the processes by which client families are recruited, assessed, enrolled, and terminated; opportunities for parent involvement in operations; the nature and extent of services received and referrals made; and the ongoing functioning of the other three major program components of CFRP evaluation (infant/toddler, Head Start, and preschool/school linkage). (MP)

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EVALUATION OF THE CHILD AND FAMILY RESOURCE PROGRAM (CFRP)

Phase II Report

Volume II: Program Study Report

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Chapter 1

INTRODUCTION

In 1973, the Administration for Children, Youth and Families (formerly the Office of Child Development) initiated the Child and Family Resource Program (CFRP) as part of the Head Start Improvement and Innovation effort. CFRP was funded as a demonstration program with the intent of developing models for providing services to low-income families with young children--models which could be adapted by different communities serving different populations. There are eleven CFR programs across the country, one in each of the ten HEW regions and one representing the Indian and Migrant Division. Each program receives approximately $130,000 per year to serve a minimum of 80 families.

CFRP is a family-oriented child development program which provides support services crucial for the sustained healthy growth and development of families who have children from the prenatal period through age eight. It promotes child development and meets children's needs by working through the family as a unit and provides continuity in serving children during the major stages of their early development. This is accomplished through three program components: (a) an infant-toddler component serving parents and their children in the prenatal-through-three age range; (b) Head Start for families with three- to five-year-olds; and (c) a preschool-school linkage component to ensure smooth transition from preschool into the early elementary school grades. Another distinctive feature of CFRP is its emphasis on a comprehensive assessment of each family's strengths and needs and the development with the family of an individualized plan for services to be obtained through CFRP. Families enrolled in CFRP receive the same comprehensive services that are offered by Head Start and additional services tailored to the needs of each family. At the same

time, CFRP works to reduce fragmentation and gaps in the delivery of services by existing community programs and agencies.

In October 1977, the Administration for Children, Youth and Families funded a longitudinal evaluation to determine the effectiveness of the Child and Family Resource Program. The evaluation includes the following components:

- a program study, designed for the purpose of developing a comprehensive picture of tne operations of CFR programs across the country and identifying program variables for use in the in-depth study;
- an in-depth study, designed for the purpose of examining the provision of CFRP services at six sites to a sample of families randomly assigned to CFRP treatment, and associations between such services and selected outcome variables;
- an experimental impact study, designed for the purpose of determing the impact of CFRP services on families by means of comparisons of outcome variables in the CFRP sample and in a sample of families randomly assigned to a control group.

This volume is part of the third in a series of CFRP evaluation reports. The first report presented the design for the evaluation. Study implementation and the collection of baseline data on sample families were the focus of the second report. This third report consists of two volumes. Volume I provides an overview of the evaluation, documents the first six months of the study, and examines initial program impact on families; it focuses primarily on the in-depth and impact studies. This volume, Volume II, is devoted to a report on the program study.

1.1 The CFRP Program Study

The purpose of the program study as a component of the CFRP evaluation is to develop the broadest, most comprehensive picture possible of the operations of CFR programs

across the country. It is intended that this picture function as a backdrop against which the provision of CFRP services to the individual family can be more clearly portrayed, and as a framework within which the impact of those services upon family and child can be more clearly understood; thus, a part of the purpose of the program study is to identify program variables for use in the in-depth study. The task of the program study is essentially a descriptive one, relying heavily on impressionistic reports arising out of interviews with CFRP staff and observation during two visits to each of the six sites selected for inclusion in the impact and in-depth studies: Jackson, MI; Las Vegas, NV; New Haven, CT; Oklahoma City, OK; St. Petersburg, FL; and Salem, OR. The interviews revolved around the nature of the community and institutional contexts within which the CFRPs operate; the way in which each CFRP is organized; the processes by which client families are recruited, assessed, enrolled, and terminated; opportunities for parent involvement in CFRP operations; the nature and extent of services provided and referrals made; and the ongoing functioning of the program components--infant-toddler, Head Start, and preschool-school linkage.

Telephone interviews with staff at the five sites not chosen for the impact study--Bismarck, ND, Gering, NB, Modesto, CA, Poughkeepsie, NY, and Schuylkill Haven, PA--were conducted on one occasion only and were necessarily brief. Thus, the information available on these programs at present is severely limited in comparison with the other six. A brief discussion of each was included in the second report on the CFRP evaluation in spring 1979. Data on these five programs are therefore not included in the present report. As noted in Chapter 7 of this volume, it is intended that these CFRPs be contacted again during a later data collection phase, either by means of site visits or by telephone, for the purpose of interviewing staff on selected variable

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domains to determine the comparability of these programs with those at the six impact study sites.

In addition to the site visits, two instruments served as sources of data on the CFRPs at the impact study sites: a staff background questionnaire and a family demographics form. These instruments, which are discussed in Chapters 3 and 5 of this volume, supplemented the site visit reports by providing further information on CFRP organization and functioning. In addition, they furnished data on the nature and background of CFRP workers and client families.

1.2 Organization of the Volume

The material presented in this volume proceeds from a description of the CFRP as an organization, to a characterization of CFRP staff, to a description of the community context, to a characterization of the CFRP client population, to an accounting of the processes by which that population is recruited, assessed, enrolled, and served by the program and its staff. Chapter 2 deals with CFRP organization: the institutional context, including relationships to the grantee agency, to other programs operated by that agency, and to Head Start; and organization of work, including provision for supervision and training. Chapter 3 details the nature and background of the CFRP staff and their work assignments. Chapter 4 describes the community within which each CFRP operates, including family resources and service agencies and relationships of the CFRP to those agencies. Chapter 5 is devoted to demographic characteristics of the CFRP client population. Chapter 6 describes the CFRP as a service-provider, including methods of processing families, the extent and nature of staff contact with families, services provided and referrals made, parent involvement in the program, and the functioning of the infant-toddler, Head Start, and preschool-school linkage components.

What emerges in Chapters 2 through 6 of this volume is precisely the sort of comprehensive picture of CFRP operations the program study was intended to develop: the backdrop for describing the provision of services to the individual family, and the framework for understanding the impact of those services upon family and child. It is intended that this volume serve as a continuing reference throughout the balance of the CFRP evaluation. Among other things, as noted, it will function as a source of program variables for use in the in-depth study. Therefore, in many cases the significance of the program study findings as reported here may not be readily obvious: it will become clear only as the evaluation--particularly the in-depth study--proceeds. Chapter 7 does discuss some possible implications of these findings, not only for the in-depth study but also for the future of the program study itself.

Chapter 2

CFRP ORGANIZATION

This chapter examines the CFRP at each of the six impact study sites as a formal organization. The following questions provide its focus: What is the nature of the institutional context within which the CFRP operates? What is the CFRP's relationship to its grantee agency, to other programs administered by that agency, and to Head Start? How are the functions of the CFRP organized? What provision is made for supervision and training?

2.1 Institutional Context

As a Head Start demonstration program, the Child and Family Resource Program is funded through Head Start grantees. Grantees include Community Action Agencies (as in Jackson, St. Petersburg, and Salem), school boards or departments (New Haven), and other agencies (Las Vegas and Oklahoma City; see Table 2-1). The grantee may delegate the responsibility for Head Start and/or CFRP to another agency. In Oklahoma City, for example, the Oklahoma City council is the Head Start grantee; the Oklahoma City Community Action Program is the delegate agency for Head Start administration. The CAP has in turn delegated responsibility for Head Start--but not for CFRP--to the Oklahoma City County Area Council.

Table 2-1 CFRP Grantee Agency

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem
CAA	X				X	X
School			X			
Other		X		X		

Head Start and CFRP staff are in every case formally responsible to the grantee or its delegate agency, but they may operate with varying degrees of independence. In Oklahoma City, although Head Start is delegated by the CAP to the Oklahoma City County Area Council while CFRP is administered directly by the CAP, in practice both programs are closely supervised by the CAP and program services are generally coordinated at the CAP level. In Jackson, the appointment of a new CAA director early in 1979 occasioned marked changes in CFRP operations. Yet at some sites--Salem, for example--CFRP staff function with relative independence.

All of the grantees with CFRP responsibility run Head Start programs. Some of them administer a variety of other social service programs as well. These typically include day care and programs for handicapped children. They may also include such widely diverse programs as services to senior citizens, ex-offender counseling, and prevention of substance abuse (all at Oklahoma City). The various programs may be fairly independent of one another (as in Las Vegas and Oklahoma City) or they may be highly integrated. At the Learning Resource Center in Jackson, for example, staff salaries are paid out of Head Start, CFRP, Title XX, Handicapped, and Michigan State funding. Families are given the option of participating in Head Start, home-based Head Start, day care, or a comprehensive Family Development Program.

2.2 Relationship to Head Start

CFRP and Head Start are closely related, yet the nature of the relationship varies from site to site, as does the degree to which the two programs are integrated. The Salem program is called Salem Family Head Start,

Table 2-2 Head Start/CFRP Integration

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem
High	X		X			X
Moderate				X	X	
Low		X				

incorporating Head Start and CFRP concepts; counts of Head Start and CFRP families overlap. The two programs are also highly integrated in Jackson and New Haven, somewhat less so in Oklahoma City and St. Petersburg, and still less so in Las Vegas (Table 2-2).

One indication of the degree to which Head Start and CFRP are integrated is the composition of the parent policy/advisory council. In Jackson, one parent representative and one alternate are elected from each parent education group; in addition, there is one representative and one alternate from each Head Start classroom, from the day care group, and from the school linkage group. In St. Petersburg, there are 13 representatives on the policy council, elected from Head Start centers. CFRP parents are not eligible unless they have children in Head Start. There is no separate council for CFRP.

In addition to the variation in degree of Head Start/CFRP integration, there are differences in the nature of the functional relationship between the programs. It is possible to describe models of this relationship in organization-chart terms, to place these models on a spectrum, and then to locate the six CFRPs on this spectrum on the basis of how closely each fits the models.

At one extreme is what might be termed the "CFRP-as-umbrella" model. This is typified most clearly by the Jackson program (Figure 2-1). "Family Development Program" (FDP) might be considered just another name for "Child and Family Resource Program" (CFRP). The standard component parts of CFRP are readily identifiable (note that home parent teachers double as infant-toddler classroom staff), and Head Start is just one of these. There is one element on the chart which does not represent a part of the CFRP mandate: day care. Other than that, the Jackson FDP might be viewed as the model for CFRP organization.

It is not the only model, however. At the opposite extreme is the "CFRP-as-component" model, exemplified by the St. Petersburg program (Figure 2-2). Here CFRP is one component of Head Start, and its coordinator is a member of Head Start staff. The components of CFRP are clearly visible (again, home visitors double as infant-toddler classroom staff, and one of them as the preschool-school linkage coordinator)--but Head Start is clearly not one of them. In the service area, for example, there are separate health coordinators for Head Start and CFRP. The policy committee is a Head Start policy committee.

Somewhere between these two extremes is the "separate programs" model, exemplified by the Las Vegas program. The organization chart presented as Figure 2-3 is for the CFRP only, and Head Start does not show up at all--except that the component specialists serve Head Start as well as CFRP. Head Start staff report ultimately to the preschool program administrator, just as do CFRP staff.

Figure 2-1 Jackson CFRP

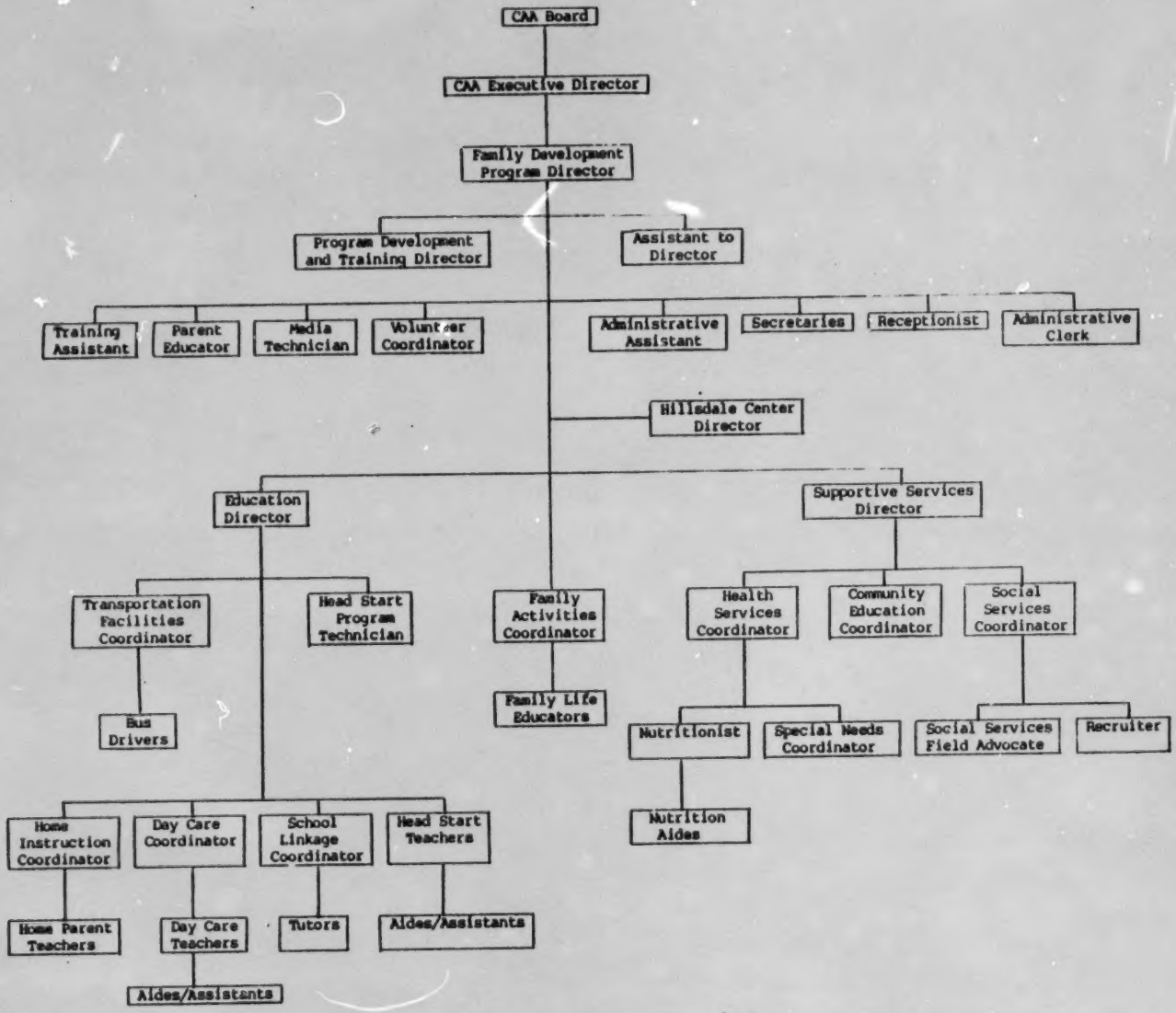


Figure 2-2 St. Petersburg Head Start/CFRP

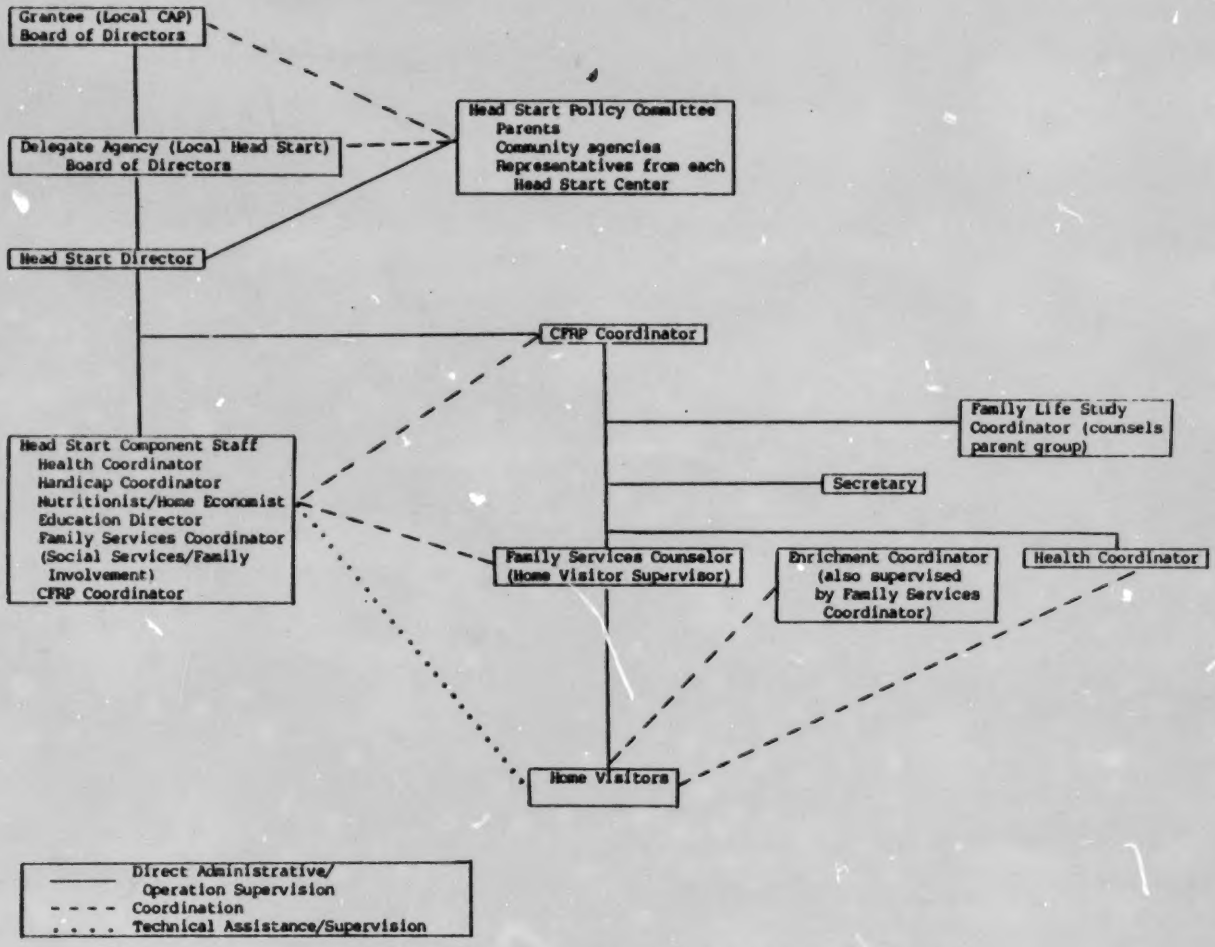


Figure 2-3
Las Vegas CFRP

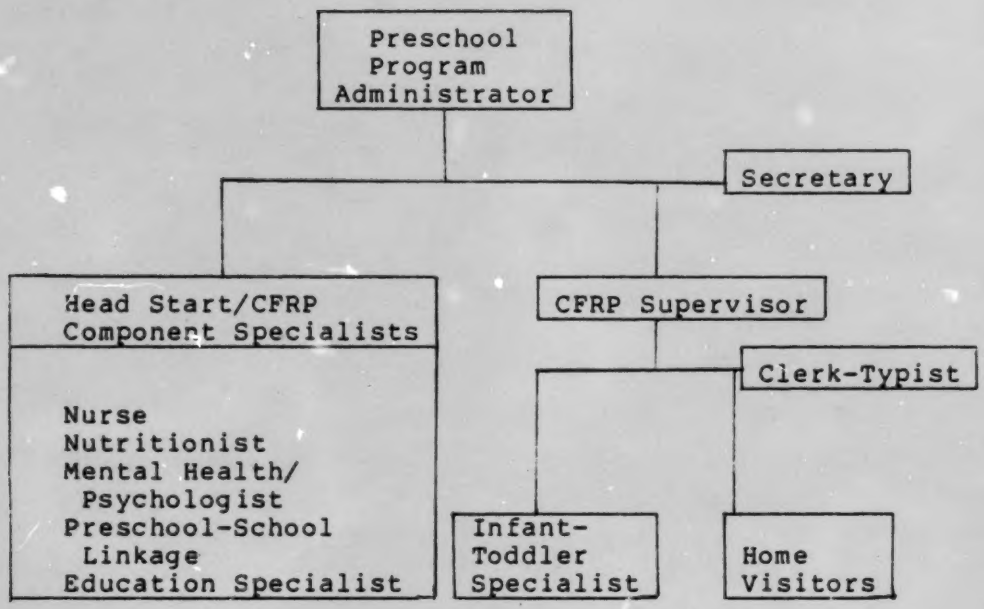


Figure 2-4
Models of CFRP Organization

"CFRP-as-Umbrella"	"Separate Programs"	"CFRP-as-Component"
Jackson, Salem	Las Vegas, Oklahoma City	New Haven, St. Petersburg

What of the other three programs? As indicated in Figure 2-4, the Salem CFRP appears to fit the "CFRP-as-umbrella" model reasonably well, although it differs from the Jackson program in devoting a much larger proportion of its resources to Head Start. On the Jackson organization chart, "education" clearly means all CFRP components; on the Salem chart, "education" means Head Start. New Haven fits the "CFRP-as-component" model--if anything in a more extreme way than St. Petersburg. The CFRP coordinator reports to the Head Start director, and also functions as social services coordinator. The essential differences between the New Haven program and any Head Start program are the addition of an infant-toddler component and some expansion of services to Head Start families; the preschool-school linkage component is mainly a Head Start parent-involvement effort. Finally, Oklahoma City fits the "separate programs" model fairly well--with the important exception that the Head Start director does report to the CFRP director. Thus, there is unified leadership in practice, although organizationally Head Start is responsible to the Oklahoma City County Area Council while CFRP is not.

2.3 Organization of Work

While there are certain ways in which the organization of all the CRFPs is essentially similar, there are differences not only in CFRP/Head Start relationship, but also in the way CFRPs view--and organize--their work. In some (Jackson, for example), education is thought of as the central function of the program, and specialists have responsibility for other things--such as health and social services. In others (Las Vegas and Oklahoma City, for example), education is just one of the things specialists handle.

In several programs (but not all) certain aspects of the work are contracted out. In Salem, the health coordinator is a public health nurse, contracted by the program for 80 percent of her time; the education director is 50 percent Head Start and 50 percent Board of Education (as early childhood coordinator for Salem Public Schools). In St. Petersburg, the family life study coordinator is a contracted counselor who leads parent meetings; the home visitor supervisor is also contracted through another agency. In Oklahoma City, training is done by contracted personnel, and for a time coordination of the infant-toddler program was also contracted out.

Another important difference has to do with team approaches to the organization of work, employed by three of the six programs. In Jackson, the entire program is broken up into nine Family Development Units. Each FDU involves a family life educator and one or two home parent teachers, along with Head Start classroom staff or the preschool-school linkage coordinator if the family has children of appropriate ages. Each family is assigned to an FDU. In New Haven, each area of the city has three to five centers and has a triad assigned to it who work with all centers; a triad consists of a family advocate, a parent-school liaison person, and a curriculum supervisor. In Salem there is a team for each of the four Head Start centers, including a family advocate, teachers, classroom aides, and a van driver; there is also a team for infant-toddler families which includes two family advocates. In general, where a team approach is followed the participating staff members have very positive opinions of it, feeling that it facilitates coordination of services and problem-solving as well as fostering intra-staff communication. On the other hand, frequent and open communication is also reported as a feature of some programs which have not officially established

team organization. At most sites supervisors endeavor to encourage informal exchange among family workers, and regular staff meetings provide more formal opportunities for sharing experiences, discussing current concerns, and developing short-term plans.

2.4 Supervision

There are a number of apparent weaknesses as well as strengths in the supervisory systems set up within the six CFRPs. For example, the team approach to the organization of work has one clear potential disadvantage: in several cases various members of a team will have different supervisors. A highly complex reporting structure may result, sometimes without clear lines of responsibility and authority. In New Haven, for example, family advocates report to the CFRP supervisor, parent-school liaison workers to the parent-involvement specialist, and home visitors to infant-toddler classroom staff--yet triads in general report to the Head Start director (who also directly supervises the CFRP supervisor). Similarly, within the Head Start teams in Salem the teachers report to the education director and the family advocates to the CFRP director. Such an organizational structure does not necessarily cause problems, but it may if personnel are unclear as to where to get direction or where their allegiances lie.

A similar problem may arise when a supervisor's status within the program is not clearly established. In one case, a supervisor who is contracted from outside reported encountering some ambiguities as to status. Is such a person a consultant or a staff member? Can such a person function as a supervisor, or only as an advisor? Other obstacles to effective supervision within CFRPs have included excessive turnover in supervisory positions, and overload--where a supervisor is simply wearing too many

hats. On the other hand, reports based on site visits reflect a more positive view on the part of staff toward undersupervision than toward oversupervision: that is, at some sites at least, a flexible administrative style which allows some variation among staff in how they pursue their work appears to be most effective, as seen by staff. As shown in Table 2-3, CFRP staff in general are more likely to feel there is too much supervision in the program than too little; the same holds true for family workers (Table 2-4). (The data presented in Tables 2-3 to 2-10 are derived from responses to a staff background questionnaire administered to all CFRP staff members beginning in the fall of 1978. The instrument is discussed in further detail in Chapter 3 of this volume. In the tables, "family workers" refers to those staff members who are assigned to work with specific families; "full staff" includes family workers.)

Table 2-3 CFRP Staff: Satisfaction with Supervision (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=79	N=11	N=17	N=11	N=18	N=29	N=165
More than enough	22	9	0	0	17	0	13
Enough	77	73	94	82	72	100	82
Not enough	1	18	6	18	11	0	5

Table 2-4 CFRP Family Workers: Satisfaction with Supervision (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=38	N=7	N=7	N=7	N=10	N=12	N=81
More than enough	24	14	0	0	20	0	15
Enough	74	71	100	86	60	100	79
Not enough	3	14	0	14	20	0	6

One of the more interesting questions concerning supervision has to do with the extent to which the day-to-day functioning of family workers--particularly their interaction with specific families--is directly supervised. It appears that only in Las Vegas does the CFRP supervisor or infant-toddler specialist make regular supervisory home visits; this is done once a month and, in addition, the CFRP supervisor reviews home visitors' files once a month. In St. Petersburg, the CFRP coordinator or the mental health specialist may occasionally accompany a home visitor, usually to deal with a specific family problem. In Salem, new family advocates are monitored during one or two home visits a year. Otherwise, the supervisor depends on meetings with the advocates to determine how they are doing. This latter pattern appears to be typical of the other three sites (Jackson, New Haven, and Oklahoma City) as well: some direct observation of the work of home visitors and family advocates may be carried on at the center, but records maintained by staff and meetings with them provide the primary means of evaluation. (This does not rule out the possibility of an occasional supervisory visit, however.) In addition, it is generally assumed that interaction among home visitors and family advocates serves as a feedback mechanism. In Oklahoma City, where an overload of work at the administrative level has tended to preclude close supervision of family advocates, there is an emphasis on peer supervision--with more experienced advocates working with newer ones.

CFRP staff members are generally satisfied with the amount of supervision they receive--especially in Salem and New Haven (Table 2-3). In Jackson, those who are not satisfied tend to feel that there is too much supervision; in Oklahoma City they tend to feel there is too little (as might be expected, given the apparent overload on supervisory staff at that site). In Las Vegas and St. Petersburg, both complaints are registered. The patterns for family workers are essentially similar to those for full staff (Table 2-4).

2.5 Training

The great majority of CFRP staff members receive training within the program when they begin their work (Table 2-5). The proportion of positive responses is much higher for family workers than for full staff. Presumably this reflects the fact that support and administrative staff, who are less likely to be assigned to specific families, are also less likely to require special training.

Number of days of training provided ranges from 1 to 42 (Table 2-6; note the low response rate on this item). Substantial proportions reported 5 days (27), 30 days (16), and 1 day (11). There is wide variation across sites; New Haven has by far the highest means, St. Petersburg by far the lowest. There is a consistent tendency for family workers to have had slightly more training than other staff.

In general, respondents indicated that they were satisfied with the initial training they had received; the figures are roughly comparable for family workers and for full staff (Tables 2-7 and 2-8). It should be noted that this item on the staff background questionnaire did not attempt to distinguish between amount of training and quality of training as sources of satisfaction or dissatisfaction. A comparison with Table 2-6 reveals no tendency for more training to be associated with greater or less satisfaction. Salem, with the highest satisfaction levels, and Oklahoma City, with the lowest, are both above the means on days of training.

A distinction must be drawn between the initial orientation/training referenced in the staff background questionnaire and ongoing in-service training provided by the CFRP. In St. Petersburg, for example, staff training needs are assessed annually by administrative personnel;

Table 2-5 CFRP Full Staff and Family Workers: Received Initial Training (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
Full staff	N=79	N=11	N=18	N=12	N=18	N=29	N=167
	85	64	89	67	72	83	81
Family workers	N=38	N=7	N=8	N=7	N=10	N=12	N=82
	97	68	100	86	90	100	95

Table 2-6 CFRP Full Staff and Family Workers: Mean Days of Training

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
Full staff	N=39	N=8	N=16	N=6	N=9	N=20	N=98
	7.9	6.5	18.8	12.0	4.1	11.5	10.2
(SD)	(9.6)	(5.1)	(11.0)	(14.0)	(3.0)	(10.1)	(10.3)
Family workers	N=19	N=6	N=8	N=5	N=5	N=10	N=53
	7.9	7.7	21.4	13.8	4.8	15.3	11.6
(SD)	(7.2)	(5.3)	(10.0)	(14.8)	(3.3)	(10.6)	(10.0)

Table 2-7 CFRP Staff: Satisfaction With Training (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=69	N=9	N=16	N=8	N=14	N=26	N=142
Very satisfied	44	56	56	38	43	73	51
Somewhat satisfied	38	33	38	25	43	23	35
Somewhat dissatisfied	16	0	6	25	7	4	11
Dissatisfied	3	11	0	13	7	0	4

Table 2-8 CFPP Family Workers: Satisfaction With Training (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=36	N=6	N=8	N=6	N=10	N=12	N=78
Very satisfied	39	67	62	50	40	67	49
Somewhat satisfied	36	33	25	17	40	25	32
Somewhat dissatisfied	25	0	13	17	10	8	17
Dissatisfied	0	0	0	17	10	0	3

CFRP staff participate in monthly Head Start training meetings. In Jackson, general and/or specialized training is provided on a weekly basis. At various sites, in-service training sessions may be conducted by supervisory staff; by specialists, such as the health coordinator in Salem, who trains all family workers in preventive health care; by Head Start staff; or by outsiders who offer this service on a contract basis.

All six programs also offer ongoing training support to staff by arranging, sponsoring, or paying for job-related courses or workshops. About three-quarters of all staff, and roughly the same proportion of family workers, have taken one or more of these. Respondents were asked to check off the categories of subject matter of such courses they had taken. The overall mean number of categories checked was 5.6 (SD=4.6); for family workers it was 7.0 (SD=4.7). It is clear that a large proportion of CFRP workers have spent a substantial amount of time in program-sponsored training.

Staff members were also asked to check categories of subject matter in which they feel they need additional training. A principal components analysis was performed on the resultant data, yielding six broader categories which may be appropriately labeled as follows:

- child development (including child development, speech/language development, nutrition, and parenting skills);
- social problems (including cultural awareness, human relations/counseling, and child abuse);
- needs assessment (including home visiting and assessment);
- specialized (including day care teaching, curriculum, and materials, special education, and aging/role of the senior citizen);
- procedures (including agency services and procedures);
- record-keeping.

Substantial proportions of respondents indicated a need for additional training, especially in child development and social problems (Tables 2-9 and 2-10); figures for full staff and for family workers are roughly comparable. Relatively few staff members indicated a need for further training in needs assessment, procedures, or record-keeping (except that in Las Vegas, a relatively large proportion did check record-keeping and needs assessment; this may be associated with the fact that a much smaller-than-average proportion of family workers in Las Vegas received initial training, as shown in Taole 2-5). This may help to explain

Table 2-9 CFRP Staff: Need Additional Training (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=69	N=10	N=18	N=12	N=14	N=21	N=144
Child development	51	60	33	50	79	33	49
Social problems	46	40	61	42	71	43	49
Needs assessment	22	50	28	17	14	5	21
Specialized	39	40	33	33	57	24	38
Procedures	17	0	11	0	29	14	15
Record-keeping	17	60	44	0	14	5	20

Table 2-10 CFRP Family Workers: Need Additional Training (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=32	N=7	N=8	N=6	N=9	N=10	N=72
Child development	56	71	25	50	78	50	56
Social problems	53	29	63	33	78	40	51
Needs assessment	25	43	25	17	11	10	22
Specialized	44	57	38	33	44	40	43
Procedures	13	0	25	0	22	20	14
Record-keeping	9	57	38	0	22	0	17

what might appear to be a discrepancy between Tables 2-7 and 2-8 on the one hand and Tables 2-9 and 2-10 on the other: most respondents are satisfied with the initial training they received, yet many indicate a perceived need for further training. Apparently this perceived need is generally not for further help with program-specific skills and procedures, but rather for further opportunities for professional development in a broader sense.

2.6 Summary

The findings of the program study with regard to the organization of the six CFRPs at the impact study sites may be summarized as follows:

- The CFRPs are run by a variety of grantee agencies, some of which operate other social service programs as well, and all of which operate Head Start programs. CFRP and Head Start are closely related, but are not closely integrated at all sites. Further, in some cases Head Start functions as a part of CFRP, in some cases the two are relatively independent, and in some cases CFRP functions as a part of Head Start. In fact, it appears that in New Haven there is a standard Head Start program with CFRP "tacked on" in the form of an infant-toddler component.
- There are a number of differences in the way the CFRPs are organized. For example, at some sites certain aspects of the work are contracted out. In three of the six programs, work with families is carried out by teams of staff members.
- There are weaknesses as well as strengths in the supervisory systems within the CFRPs. The team approach may cause problems due to a lack of clear lines of responsibility and authority. Other problems identified include ambiguity of supervisory status, turnover in supervisory positions, and supervisory overload. There is little direct on-site supervision of family workers. On the other hand, CFRP staff are generally satisfied with the amount of supervision they receive, tending to feel that, if anything, there may be too much supervision.

- Most CFRP staff members receive training within the program when they begin their work; proportions among family workers are particularly high. Number of days of training varies widely, yet there is no clear tendency for amount of training to be associated with staff satisfaction with training. In general, staff members are well satisfied with their initial training. Many have also attended job-related courses or workshops arranged, sponsored, or paid for by the CFRP. Many would like to receive additional training, particularly in fields that would enhance their professional development.

Chapter 3

CFRP STAFF

This chapter examines characteristics of the CFRP staff at each of the six impact study sites. The following questions provide its focus: What is the nature of the CFRP staff as reflected in such demographic variables as ethnic distribution, age, marital status, and family composition? What kind of preparation have CFRP staff members had, in the form of education and work experience? What is the nature of the CFRP staff as reflected in such status variables as length of experience in the program, work schedule, and work assignment? How do family workers--those assigned to work with specific families--compare with other staff members on these variables?

The statistics presented here are derived from responses to a staff background questionnaire administered to all CFRP staff members beginning in the fall of 1978. The Ns of respondents to the staff background questionnaire for the six sites were:*

Jackson	83
Las Vegas	11
New Haven	18
Oklahoma City	13
St. Petersburg	19
Salem	29
Total	173

*The N of respondents listed below for Jackson may be disproportionately high; it corresponds much more closely to the N reported in Table 1.1 of the spring 1979 baseline report for total staff (78) in Jackson than to the N reported for CFRP staff (26). It appears that a number of staff members in Jackson had difficulty in distinguishing their involvement in CFRP from their involvement in Head Start. The Ns for the other five programs match the spring CFRP figures reasonably well. The statistics are reported within sites as well as across sites, so it is possible to look at patterns in the other five programs without any danger of distortion by the Jackson figures.

3.1 Demographics

Ethnic distribution--There is considerable variation in the ethnic makeup of CFRP staff across the six sites (Table 3-1). As will be seen in Chapter 5 of this volume, in most cases this corresponds roughly to the ethnic distribution within the clientele served by the CFRP. At four of the six sites, the great majority of the staff members are black. The exceptions are Jackson, with two-thirds white, and Salem, with 100 percent white. Only in New Haven and Las Vegas were any Hispanic staff members reported (2 and 1, respectively); only one Asian staff member responded, in Jackson. Overall, it appears that a little over half of all CFRP staff members are white; however, it should be noted that a very large proportion of these are accounted for by the high numbers in Jackson. The pattern of ethnic distribution of staff who are assigned to work with specific families is very similar (Table 3-2), except that in Jackson a larger proportion of family workers than of other staff are white, and in Oklahoma City all family workers who responded to the questionnaire are black.

Table 3-1 CFRP Staff: Ethnic Distribution (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=77	N=11	N=16	N=9	N=18	N=28	N=159
Black	35	73	69	89	72	0	42
White	64	18	19	11	28	100	55
Hispanic	0	9	13	0	0	0	2
Asian	1	0	0	0	0	0	1

Table 3-2 CFRP Family Workers: Ethnic Distribution (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=38	N=7	N=7	N=6	N=10	N=12	N=80
Black	24	71	71	100	70	0	40
White	76	14	14	0	30	100	57
Hispanic	0	14	14	0	0	0	3

Languages--Staff members were asked whether they speak any language other than English. Only 24 responded affirmatively, and these were distributed across the sites. Half of the 24 are family workers. The most common language other than English was Spanish. Only five staff members all told--two of them family workers--reported that they use a language other than English in working with CFRP families.

Age--Of the 159 staff members who responded to a question on date of birth, a substantial proportion (about one-third) are in their thirties. However, reported ages range from a minimum of 18 to a maximum of 76; corresponding figures for family workers are 21 and 63. Mean ages at all sites and overall are in the thirties for family workers as well as for full staff (Table 3-3). Family workers tend to be slightly younger on the average than other staff members, except

Table 3-3 CFRP Full Staff and Family Workers: Mean Age

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
Full staff	N=78	N=11	N=15	N=9	N=17	N=29	N=159
	37.7	39.0	36.4	31.6	34.1	36.1	36.7
(SD)	(11.1)	(15.2)	(7.0)	(7.5)	(8.1)	(9.0)	(10.3)
Family workers	N=37	N=7	N=7	N=6	N=9	N=12	N=78
	35.7	34.9	34.5	32.6	33.5	35.3	35.0
(SD)	(11.5)	(10.3)	(5.6)	(9.0)	(8.4)	(7.7)	(9.7)

in Oklahoma City, where the mean for family workers is higher than for the full staff.

Marital status--The great majority of CFRP staff members are married or have been married (Table 3-4). Only in Oklahoma City is the proportion who have never been married as high as the proportion who are now married. The proportion of formerly married (separated, divorced, and widowed combined) ranges from 13 percent in Salem to 30 percent in St. Petersburg. Overall, a larger proportion of family workers than of staff members in general report that they have never been married (Table 3-5), with especially high proportions in Oklahoma City and Las Vegas. The proportions of family workers who are formerly married are roughly comparable to the same categories for the full staff sample.

Children--The majority of CFRP staff members have children of their own (Table 3-6), although family workers are slightly less likely to have children. In New Haven, all staff members have children. Number of children across all sites ranges from one to eight. At all sites except Oklahoma City, more than half of the staff members have children still at home. Family workers, even if they have children, are generally less likely than other staff members to have children at home. Number of children at home across all sites also ranges from one to eight.

A substantial proportion of CFRP staff members have had the experience of being Head Start parents (Table 3-6). Family workers are about equally as likely to have had this experience as other staff members. However, there is considerable variation across sites. In New Haven, the great majority of staff members (all of whom are parents) have been Head Start parents; at the opposite extreme, in Salem only a few have had this experience (although, again, the great majority have children).

Table 3-4 CFRP Staff: Marital Status (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=79	N=11	N=17	N=11	N=17	N=29	N=164
Married	54	46	77	36	47	76	58
Separated	6	0	6	9	12	0	6
Divorced	15	27	6	18	18	10	15
Widowed	5	0	6	0	0	3	4
Never married	19	27	6	36	24	10	18

Table 3-5 CFRP Family Workers: Marital Status (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=37	N=7	N=8	N=7	N=10	N=12	N=81
Married	46	29	75	29	40	67	48
Separated	3	0	0	14	10	0	4
Divorced	22	29	13	0	20	17	19
Widowed	3	0	0	0	0	0	1
Never married	27	43	13	57	30	17	28

Table 3-6 CFRP Full Staff and Family Workers: Own Children (percent)

Have children	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
Full staff	N=82	N=11	N=18	N=13	N=18	N=27	N=169
	79	64	100	69	67	78	78
Family workers	N=38	N=7	N=8	N=7	N=10	N=11	N=81
	74	43	100	57	80	82	74
Have children at home*							
Full staff	N=83	N=11	N=18	N=13	N=19	N=29	N=173
	61	55	89	46	53	66	62
Family workers	N=38	N=7	N=8	N=7	N=10	N=12	N=82
	55	29	88	29	60	75	57
Have had children in Head Start*							
Full staff	N=83	N=11	N=18	N=13	N=19	N=29	N=173
	30	18	78	54	32	7	32
Family workers	N=38	N=7	N=8	N=7	N=10	N=12	N=82
	26	14	88	43	50	8	33

*These are percentages of all staff members, not of staff members with children.

3.2 Preparation

Education--There is considerable variation in the number of years of formal education CFRP workers have had (Table 3-7). The means for full staff and for family workers are very close together (14.6 and 14.8, respectively), but within sites the means for family workers range widely, from 12.6 to 16.1. Across sites, family workers did not consistently report either more or less education than the staff as a whole; that is, at some sites they have had more and at some sites less. Family workers are less likely than other staff members to have received a master's degree (Tables 3-8 and 3-9; note that only one Ph.D. was reported). Presumably this reflects the generally higher educational attainment of administrative staff, who are not likely to be assigned to work with specific families. St. Petersburg and Salem have by far the largest proportions of staff members with master's degrees, yet average numbers of years of education are slightly higher in Oklahoma City and Las Vegas. The most popular degree fields among CFRP workers are education, social work and sociology, and mental health and psychology. These three categories account for half of all degrees taken, among family workers and among staff members generally.

In addition to formal degree programs, many CFRP staff members have had education or training that was not degree-related (Table 3-10). There is wide variation from site to site, with Oklahoma City staff most likely to have had such training and New Haven staff least likely. Family workers are not consistently either more or less likely to have had such training, although their overall percentage is slightly higher. Five categories of training account for two-thirds of all such programs for all staff and three-fourths for family workers: social work and sociology; medical; child development; mental health and psychology;

Table 3-7 CFRP Full Staff and Family Workers: Mean Years of Education

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
Full staff	N=80	N=11	N=16	N=12	N=18	N=29	N=166
	14.0	15.6	14.3	15.7	15.5	15.1	14.6
(SD)	(2.7)	(1.9)	(2.7)	(1.8)	(2.1)	(2.4)	(2.5)
Family workers	N=38	N=7	N=7	N=6	N=10	N=12	N=80
	14.8	14.9	12.6	15.0	14.6	16.1	14.8
(SD)	(1.8)	(1.9)	(2.6)	(1.7)	(1.5)	(2.2)	(2.0)

Table 3-8 CFRP Staff: Degrees Attained* (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=83	N=11	N=18	N=13	N=19	N=29	N=173
AA	24	18	28	15	0	17	20
BA/BS	27	64	44	54	63	52	41
MA/MS	7	0	11	8	26	28	13
Ph.D.	0	0	0	0	5	0	1

Table 3-9 CFRP Family Workers: Degrees Attained* (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=38	N=7	N=8	N=7	N=10	N=12	N=82
AA	39	29	25	29	0	25	29
BA/BS	34	43	25	57	50	58	41
MA/MS	3	0	0	0	20	25	7

*Includes multiple degrees; that is, the same staff member may be counted, for example, as having an AA and a BA degree. These are percentages of staff members, not of degrees.

Table 3-10 CFRP Full Staff and Family Workers: Other Training (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
Full staff	N=78	N=11	N=18	N=10	N=18	N=27	N=162
	44	55	17	80	50	30	42
Family workers	N=37	N=7	N=8	N=4	N=10	N=11	N=77
	54	43	13	50	50	46	47

and education. Thus, while comparatively few CFRP workers have taken degrees in child development, a relatively larger proportion have had some form of education or training in this field. It should be noted that this does not reflect Child Development Associates (CDA) certification in any great degree. Only 2 percent of all respondents (4 percent of family workers) reported having a CDA; another 9 percent (8 percent of family workers) are now working toward a CDA.

In addition to formal education and non-degree programs, about three-fourths of all CFRP staff members--and the same proportion of family workers--have attended workshops and/or short courses. In terms of content fields, child development, social work or sociology, and education account for 50 percent of such courses, and for 60 percent among family workers. Child development courses alone constitute 25 percent among all staff and 30 percent among family workers.

One-fourth of all CFRP staff, and the same proportion of family workers, indicated that they are now enrolled in school. About 75 percent of these are working toward a bachelor's or graduate degree. The most popular field of study is social work and sociology, accounting for 32 percent (42 percent among family workers); education is second, accounting for 24 percent (and 21 percent).

Work experience--The work experience of CFRP workers is widely varied. About half report that they have had paid job experience that appears to relate in some way to CFRP work (Table 3-11). This includes administrative, supervisory, and specialist experience, as well as experience in teaching or working with families. Staff in St. Petersburg and New Haven are least likely to have had such experience. Percentages for family workers tend to be higher than average--except in St. Petersburg and Oklahoma City, where family workers are less likely than others to have had prior related job experience. Among those who have had related job experience, the number of years of such experience ranges from 1 to 13, with a mean of 4; among family workers the range is the same, with a mean of 3.9.

A large proportion of CFRP staff members have also had experience working as volunteers for a wide variety of public and private institutions and agencies (Table 3-12).

Table 3-11 CFRP Full Staff and Family Workers: Related Job Experience (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
Full staff	N=83	N=11	N=18	N=13	N=19	N=29	N=173
	48	55	33	54	32	55	47
Family workers	N=38	N=7	N=8	N=7	N=10	N=12	N=82
	58	57	50	43	20	67	52

Table 3-12 CFRP Full Staff and Family Workers: Volunteer Experience (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
Full staff	N=83	N=11	N=18	N=13	N=19	N=29	N=173
	47	73	56	31	37	52	48
Family workers	N=38	N=7	N=8	N=7	N=10	N=12	N=82
	55	86	63	29	50	67	57

Family workers are particularly likely to have served as volunteers. Among staff members who have had volunteer experience, the number of years of such experience ranges from 1 to 32, with a mean of 5.4; for family workers the range is 1 to 14, with a mean of 4.3. All told, the CFRP staff members who responded represent an impressive total of 412 years of volunteer service.

3.3 Status

Program experience--There is wide variation in the number of years staff members have spent in the CFRP (Table 3-13). The maximum period of service reported was 6.75 years. New Haven has the largest proportion of "veterans," among family workers and full staff, while the staff at Las Vegas is relatively new. (On-site interviews have revealed higher-than-average staff turnover in Las Vegas). There is no clear trend for family workers to have had either more or less CFRP experience than other staff members. Staff members were also asked for their starting date in Head Start (Table 3-13; note the large proportion of missing data for this item.) Not surprisingly, given the longer life of this program to date, these means tend to be considerably higher (with the exception of family workers in Las Vegas.) The maximum period of service reported was 13.75 years. Means are highest for New Haven and Jackson.

Work schedule--The largest proportions of CFRP staff members generally (45 percent) and of family workers in particular (50 percent) are scheduled to work in the program 40 hours per week, although substantial numbers are scheduled for 30, 32, or 35 hours. The overall mean (Table 3-14) is 33.9 (35.3 for family workers). Oklahoma City has the lowest means, with about 31 percent of the staff reporting 10 hours per week or less; these are staff from the grantee/delegate agency or Head Start program who provide part-time support services to CFRP. The majority of CFRP workers do not have other jobs, although there is considerable variation across sites (Table 3-15). Workers in Las Vegas, Oklahoma

Table 3-13 CFRP Full Staff and Family Workers: Mean Years in Program (as of September 1978)*

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
In CFRP							
Full staff	N=65	N=11	N=15	N=11	N=15	N=28	N=145
	1.9	1.8	3.7	1.9	2.4	2.3	2.2
(SD)	(2.1)	(2.2)	(2.0)	(2.0)	(2.0)	(2.4)	(2.2)
Family workers	N=35	N=7	N=8	N=6	N=7	N=12	N=75
	1.7	0.9	3.3	1.2	3.1	2.4	2.0
(SD)	(2.0)	(1.0)	(1.9)	(1.8)	(2.4)	(2.6)	(2.1)
In Head Start							
Full staff	N=54	N=8	N=18	N=10	N=15	N=19	N=124
	6.7	3.0	6.7	5.8	4.4	3.0	5.5
(SD)	(4.8)	(4.5)	(3.9)	(3.4)	(3.6)	(3.3)	(4.4)
Family workers	N=26	N=4	N=8	N=5	N=8	N=5	N=56
	5.4	0.5	5.8	7.0	5.3	3.4	5.0
(SD)	(4.8)	(1.1)	(3.4)	(3.9)	(3.7)	(3.1)	(4.2)

*These means include some negative figures for staff who joined CFRP and/or Head Start after September 1978.

Table 3-14 CFRP Full Staff and Family Workers: Mean Hours/Week Scheduled

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
Full staff	N=82	N=10	N=15	N=11	N=16	N=29	N=163
	34.6	31.6	34.4	28.2	34.4	34.5	33.9
(SD)	(8.4)	(13.6)	(9.0)	(16.5)	(13.6)	(7.0)	(9.9)
Family workers	N=38	N=7	N=8	N=6	N=9	N=12	N=80
	34.9	35.7	37.4	29.0	40.0	34.2	35.3
(SD)	(6.5)	(11.3)	(5.2)	(17.1)	(0.0)	(9.0)	(8.3)

Table 3-15 CFRP Full Staff and Family Workers: Other Job (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
Full staff	N=82	N=11	N=17	N=12	N=17	N=28	N=167
	11	46	12	42	35	21	20
Family workers	N=38	N=7	N=8	N=6	N=10	N=12	N=81
	18	29	0	33	10	17	17

City, and St. Petersburg--in that order--are most likely to have another job besides their CFRP job. At all sites except Jackson family workers are less likely than staff members in general to have non-CFRP jobs. Workers who do have other jobs reported that they work anywhere from 2 to 40 hours per week at those jobs.

The great majority of staff members work for CFRP all year round (Tables 3-16 and 3-17). It should be noted, however, that the overall statistics are substantially influenced by the Jackson figures, and that there is considerable variation across sites. In New Haven and Salem more staff work for the school year only than all year round; this trend is particularly marked among family workers. Presumably this is indicative of the Head Start emphasis at those sites.

Table 3-16 CFRP Full Staff: Portion of Year Worked (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=83	N=11	N=17	N=12	N=17	N=29	N=169
All year	94	100	41	92	82	45	79
School year	4	0	59	0	18	48	18
Other	2	0	0	8	0	7	3

Table 3-17 CFRP Family Workers: Portion of Year Worked (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=38	N=7	N=8	N=6	N=9	N=12	N=80
All year	92	100	38	100	78	33	78
School year	3	0	63	0	22	67	20
Other	5	0	0	0	0	0	3

Work assignment--About two-thirds of all CFRP workers are involved in the infant-toddler component (Table 3-18). This proportion varies across sites, however, from 50 percent in Oklahoma City to 94 percent in St. Petersburg. Similarly, about three-fourths of all family workers are involved in this component, but there is variation across sites--from 42 percent in Salem to 100 percent in St. Petersburg. The pattern for Head Start involvement is much less varied (Table 3-19), with a substantial majority of workers at all sites participating--except in Las Vegas, where fewer than 50 percent are involved in Head Start. Roughly half of all staff and half of all family workers are involved in the preschool-school linkage component (Table 3-20). The smallest proportions of both categories of workers were reported for New Haven; in St. Petersburg, Las Vegas, and Oklahoma City, about two-thirds of both categories are involved in PSL. In general, much smaller proportions have responsibility for running parent groups or teaching adult classes than are involved in the various CFRP components (Table 3-21); the single striking exception is represented by family workers in Salem, three-fourths of whom have such responsibility.

Table 3-18 CFRP Full Staff and Family Workers: Work in Infant-Toddler Component (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
Full staff	N=81	N=10	N=15	N=12	N=18	N=29	N=165
	69	60	67	50	94	59	68
Family workers	N=38	N=6	N=8	N=7	N=10	N=12	N=81
	87	67	50	57	100	42	74

Table 3-19 CFRP Full Staff and Family Workers: Work in Head Start Component (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
Full staff	N=79	N=11	N=17	N=12	N=18	N=27	N=164
	77	46	82	83	100	89	81
Family workers	N=37	N=7	N=8	N=7	N=10	N=11	N=80
	81	43	88	71	100	82	80

Table 3-20 CFRP Full Staff and Family Workers: Work in Preschool-School Linkage Component (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
Full Staff	N=81	N=11	N=14	N=11	N=18	N=26	N=161
	43	64	36	64	67	39	47
Family workers	N=38	N=7	N=8	N=6	N=10	N=10	N=79
	53	71	25	67	70	50	54

Table 3-21 CFRP Full Staff and Family Workers: Run Parent Groups/Teach Classes (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
Full Staff	N=78	N=11	N=15	N=11	N=18	N=28	N=161
	22	27	27	36	50	43	30
Family workers	N=37	N=7	N=8	N=6	N=10	N=12	N=80
	32	29	0	17	50	75	36

3.4 Summary

The findings of the program study with regard to the nature, background, and work status of CFRP staff at the six impact study sites may be summarized as follows:

- Ethnic distribution varies across sites. In four of the six programs the great majority of the staff members are black. Jackson has 64 percent white and Salem has 100 percent white. Distribution of family workers is roughly similar. Few CFRP staff members speak any language other than English, and only five use a language other than English in working with CFRP families.

- The mean ages of CFRP staff members and of family workers within and across sites are in the thirties, although the range is 18 to 76.

- The great majority of CFRP staff members are married or have been married; this is less true of family workers, especially in Oklahoma City and Las Vegas. The great majority have children of their own and more than half have children at home. About a third have had children in Head Start, with a very large proportion in New Haven (78 percent) and a very small proportion in Salem (7 percent).

- CFRP staff members have had between 14 and 15 years of formal education on the average. About 40 percent have bachelor's degrees, and about 13 percent have master's degrees. About 40 percent have also taken non-degree education programs, and about three-fourths have attended workshops and/or short courses. One-fourth are now attending school. The most popular disciplines include social work and sociology, education, mental health and psychology, and child development.

- About half of all CFRP staff members have had prior paid job experience that is related to CFRP work, and a similar proportion have had volunteer experience.

- Staff members have worked in the CFRP an average of 2.2 years; maximum length of service is 6.75 years. Those with earlier Head Start experience report an average of 5.5 years in that program, with a maximum of 13.75 years.

- Most CFRP staff members are full-time workers in the program. Most work in the program year-round, except in Salem and New Haven, where substantial proportions work during the school year only.

- About two-thirds of all CFRP workers, and three-fourths of family workers, are involved in the infant-toddler component. About 80 percent work in Head Start, and about half in the preschool-school linkage component. Only about one-third have responsibility for running parent groups or teaching adult classes.

Chapter 4

CFRP COMMUNITIES

This chapter examines briefly the community context within which each of the six CFRPs operates. The following questions provide its focus: What is the nature of the community as reflected in such demographic variables as population, urban/rural setting, unemployment rates and economic base, and ethnic distribution? What resources for families does the community offer? What is the CFRP's relationship to other community agencies?

4.1 Demographics

The six CFRPs operate in a variety of community settings, ranging from highly urban to mixed urban and rural. This is neatly charted in Table 3-1, but the table does not begin to tell the whole story. For example, New Haven (population 138,000), St. Petersburg (236,000), and Salem (68,000) are clearly urban settings, yet it seems almost ludicrous to place these three very different cities in the same category. The "mixed" urban/rural settings are also widely varied. In each case, the CFRP serves one or more urban centers as well as one or more rural areas. In the case of Jackson, this means a city of about 45,000 population, plus two rural counties. In the case of Oklahoma

Table 4-1 Community Setting

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem
Urban			X		X	X
Mixed	X	X		X		

City, it means Oklahoma City (population 368,000) plus rural Spencer, with fewer than 5,000 people; until recently, when active recruiting began in the city itself, it meant mostly Spencer. The Las Vegas CFRP serves all of Clark County, including Las Vegas itself (population 126,000) as well as suburban and rural areas.

The economic picture is equally complex. The overall unemployment rate for a given area (Table 4-2) is not very useful information where CFRP families are concerned--except that it does serve to "place" them, to provide some indication of their status within the larger population of the area. Thus, while unemployment in Oklahoma City County is very low, in Spencer--where until recently the CFRP has focused its attention--it is estimated that over 50 percent of the population is on welfare. In New Haven, with moderate unemployment, and St. Petersburg, with high unemployment, the areas served by the CFRP are marked by all the typical indicators of poverty--including welfare and severe unemployment.

Employment and unemployment are, of course, a function of an area's economic base. Yet there is no linear relationship between type of economic activity and rate of unemployment. Two of the six CFRP settings--New Haven and Oklahoma City--may be classified as "mixed industrial"; one of these has moderate unemployment and the other low.

Table 4-2 Community Unemployment Rate*

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem
High	X				X	
Moderate			X			X
Low		X		X		

*This table is based on estimates from site visits and interviews, not on official statistics.

In two of the settings--Las Vegas and St. Petersburg--tourism is the principal economic activity, yet Las Vegas has low unemployment and St. Petersburg high. This is partly a function of the seasonal nature of the tourist trade in St. Petersburg, and partly due to a diversity of other economic activities in the Las Vegas area, including warehousing, mining, ranching, and farming. Farming is a major economic activity in two other settings as well: Jackson and Salem. In Jackson agriculture is supplemented by the auto parts industry; however, auto plants have been closing down, and unemployment is skyrocketing. The other major activity in Salem, the capital of Oregon, is state government; this setting has a moderate unemployment rate.

How does the issue of economic base impinge on CFRP-eligible families? Quite simply, the adults in these families are typically less educated and less skilled than the average. Thus, in areas of high unemployment, they tend to be "last hired." Even in areas of comparatively low unemployment they may encounter major obstacles to finding work, chief among which is the lack of a marketable skill. Race and/or ethnic background may serve further to inhibit economic success. In St. Petersburg, the unemployment rate among blacks is estimated to be 1.5 times the overall rate for the county; a CFRP staff member claimed that among unskilled blacks in Oklahoma City County it is 15 times the county rate.

The communities served by the six CFRPs vary in extent of ethnic diversity. Salem is nearly 100 percent white. Jackson is about 90 percent white, and so is St. Petersburg. However, overall demographic statistics for a given metropolitan or urban/rural area are often not very helpful in indicating the ethnic breakdown for the immediate setting of the CFRP. Thus, the area served by the St. Petersburg CFRP is predominantly black--as is Spencer,

Oklahoma, the community that has been the focus of operations for the Oklahoma City CFRP. New Haven and Las Vegas are ethnically diverse: both have substantial Hispanic populations, and the Las Vegas area has significant numbers of Native Americans, in addition to blacks and whites. The Las Vegas CFRP serves families in several low-income pockets, each of which is predominantly populated by a given ethnic group: North and West Las Vegas, black; East Las Vegas, Hispanic; Henderson (suburban), white; and Moapa Valley (rural), Native American. To varying degrees, similar patterns hold for all six CFRPs.

4.2 Resources

The communities in which the six CFRPs are located typically offer substantial resources for families. A list of community agencies used by CFRP families was obtained from program staff at each site in spring 1979. In each case the list submitted represents a broad array of public and private agencies, many of them well equipped to serve the CFRP client population.

However, even in areas that are generally well served, certain factors may tend to place the services beyond the reach of CFRP families. Most salient among these factors is a lack of transportation facilities, especially good public transportation. Thus, while public services are adequate and readily accessible within Las Vegas, they are scarce in the surrounding rural areas--and the distances are a serious problem. In some cases the particular geographic area which is the focus of CFRP attention is underserved by other agencies. For example, Spencer, Oklahoma offers few resources of any kind to families; fortunately, one nearby agency does provide extensive family health services. The Hillsdale branch of the Jackson CFRP also serves a rural area which is poor in community resources. Isolation

and limited public transportation present obstacles to family access to social and medical services in all CFRP settings that are at least partly rural.

These difficulties do not prevail in the urban programs--Salem, New Haven, and St. Petersburg. In fact, the situation with St. Petersburg is at the opposite extreme: there are adequate services of all types within the immediate area of the CFRP and its client population. This does not mean, however, that there are no obstacles in the way of family access to services. In St. Petersburg, medical and dental services are often not readily available to low-income families because private practitioners are reluctant to take Medicaid/Medicare patients. The CFRP and other concerned agencies have offered personnel to aid these practitioners in handling Medicaid/Medicare paperwork, but such offers have consistently been turned down.

4.3 CFRP/Agency Relationships

A part of the mandate of the CFRP is to reduce the fragmentation of community services for the CFRP family, to give them one agency they can turn to for help with a variety of problems. The idea is that the CFRP will put the family in touch with the appropriate community agency for meeting a specific need. In order to do this most effectively, the CFRP staff must maintain close contact with agency personnel. The six CFRPs endeavor to maintain this contact in a variety of ways--and with varying degrees of success.

A CFRP staff member in St. Petersburg indicated that the community services available to client families there may be better than those available to the general public--in spite of the access problems referred to above--because of the close relationship between the CFRP and other agencies. During the planning stages, before CFRP was under way in St.

Petersburg, staff members from other agencies were invited to become familiar with the program, and a commitment for future services was elicited from them. Although these commitments have not been consistently honored over the years, the ties remain. The CFRP continues to invite agency staff to participate in family needs assessment and endeavors to keep them involved. The agency to which CFRP staff make the largest number of referrals is the Pinellas County Health Department. This is not surprising, given the difficulties low-income families in the area apparently face in attempting to obtain private health care.

Salem represents something of a contrast to St. Petersburg. There, CFRP staff prefer to provide services directly and do not consider referral a primary means of service delivery. They have comparatively few contacts with other agencies. In fact, the CFRP director has indicated that the program has become too independent of other agencies, and that they are trying to reestablish contact. When family workers in Salem do make referrals, they are most frequently to the Marion County Health Department, Salem Housing Authority, or CETA.

The other four programs probably fall somewhere between those two extremes. In Jackson, as noted in Chapter 2, a variety of social service programs--including the CFRP--work closely together under the aegis of the Learning Resource Center, facilitating inter-agency referral. The major function of the director of supportive services in the Jackson CFRP is to maintain ties to other agencies and to the community. This program places great emphasis on adult education, and links have been established with all appropriate educational institutions. In Las Vegas, where CFRP staff see themselves essentially as providing a connection between client families and a network of community agencies, there is a conscious effort at ensuring that CFRP/agency relations

are in good shape. When the CFRP expands its referral network to include a new agency, a contact person in that agency is identified and invited to visit the program to establish and maintain the inter-agency relationship. The agencies used most often by family workers in Las Vegas are Nevada State Welfare and CETA.

Of course, the accessibility of other agencies plays a major role in the nature of their relationships to the CFRP. Thus, in Spencer, Oklahoma, the Oklahoma City CFRP maintains close ties to Mary Mahoney Health Center, a clinic which provides family health services and which is willing to work with the CFRP. Beyond that, the CFRP has relatively few agency ties in the community. Similarly, in New Haven CFRP staff maintain a good working relationship with Yale-New Haven Hospital clinics, which are distributed in low-income areas and offer their services to CFRP clientele. New Haven family workers also make frequent use of the Connecticut State Welfare Department and Inner City Day Care.

4.4 Summary

The findings of the program study with regard to the community contexts of the six CFRPs at the impact study sites may be summarized as follows:

- The CFRPs operate in a variety of urban and mixed urban/rural settings. These communities vary in unemployment rates, economic base, and ethnic distribution. Even in communities that are predominantly white--such as St. Petersburg--the CFRP may serve a district that is predominantly non-white.
- The community settings in which the CFRPs operate offer substantial resources to families, although there are some shortages in some areas. Isolation and limited public transportation represent a significant barrier to access to services for CFRP families at some sites. At others, there may be institutional barriers.
- CFRP staff at all sites make some effort to maintain close contact with staff at other agencies in order to facilitate referral of client families. These efforts have met with varying degrees of success.

Chapter 5

CFRP FAMILIES

This chapter examines characteristics of the client population served by each of the six CFRPs. The following questions provide its focus: How many families are served by the CFRP? How long have families been in the program? What age groups of children were represented in the family at time of entry, and how old was the mother at that time? What is the nature of the family composition, as reflected in such variables as household size, numbers and ages of children, marital status of the mother, and ethnic background? What is the educational background and the employment status of the mother? What total and per capita income brackets is the family in, and what are its major sources of income?

Table 5-1 presents program staff estimates of numbers of families receiving CFRP services at the six sites as of fall 1978 and spring 1979. (Note that these figures include enrolled families only, and not families served on an "as-needed" basis--a substantial number at some sites. This issue is discussed in Section 6.2 of the following chapter.) These figures include the impact study sample of CFRP families. However, it was considered desirable

Table 5-1 CFRP Client Population

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
Fall 1978	235	112	86	85	130	121	769
Spring 1979	285	103	124	94	127	149	882

to obtain information as of fall 1978 from these six sites on CFRP families not included in the impact study--partly to get a "pure" picture (unaffected by the evaluation recruitment) of the client population, and partly to provide a basis for comparison of sample CFRP families with non-sample CFRP families. For this purpose, family demographics questionnaires were filled out by CFRP staff members at the six sites on families not included in the impact study. The following numbers of usable questionnaires were obtained:

Jackson	72
Las Vegas	65
New Haven	93
Oklahoma City	40
St. Petersburg	88
Salem	111
Total	469

From most sites, questionnaires were obtained for nearly all non-impact study families. The notable exception is Jackson, by far the largest CFRP; a considerably smaller proportion of all possible questionnaires came in from Jackson than from other sites. The totals from New Haven and Salem are disproportionately large, representing a major influx of families into these programs late in 1978, after the impact study sample had been enrolled (and also after the fall staff estimates of program participation shown in Table 5-1 had been made). It was decided to include these families in the data presented here, because they represent "normal" increases in the programs--in no way connected with the evaluation study.

The balance of this chapter provides, in text and accompanying tables, an overview of the client population being served by the six CFRPs in late 1978--at about the time the impact study sample entered the programs.

5.1 Entry Status

Year of entry--Table 5-2 shows years of entry for the non-impact study families who were in the programs late in 1978. As noted, New Haven and Salem each had a major influx in 1978: over 50 percent of the families in those two programs were relatively new. Jackson's big year for intake was 1977; in Las Vegas, it was 1976. In Oklahoma City and St. Petersburg, on the other hand, enrollments (of families still in those programs as of late 1978) were fairly regularly distributed over the years since the programs began. Oklahoma City and St. Petersburg had the largest proportions of "veteran" families; 51 percent and 66 percent, respectively, had been in those programs for three years or more. This compares with 24 percent for Las Vegas, 13 percent for Jackson, and 8 percent and 5 percent respectively for Salem and New Haven. In New Haven, 82 percent of families in the program had enrolled since the beginning of 1977; corresponding figures for Jackson and Salem are 79 percent and 75 percent, respectively.

Age groups at entry--This refers to the age groups represented within each family at the time the family entered the program. In Table 5-3, "I-T" refers to infant-toddler ages (0-2); "HS" refers to Head Start ages (3-5). As would be expected, few families enrolled at a time when all of their children were 6 or older. The majority were eligible for infant-toddler and/or Head Start services at the time of enrollment. The largest proportion of families at all six sites entered the CFRP at a time when they had children of both infant-toddler and Head Start ages.

Closer examination does reveal some interesting differences among sites, however. In Jackson, for example, 92 percent of the families had a child of Head Start age at time of entry, whereas only 40 percent had a child of

Table 5-2 CFRP Families: Year of Entry (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=72	N=65	N=93	N=40	N=88	N=111	N=469
1973	0	6	0	13	23	1	6
1974	13	9	1	15	23	1	9
1975	0	9	4	23	20	6	9
1976	8	51	13	20	31	16	22
1977	47	20	26	18	0	14	20
1978	32	5	56	13	3	61	33

Table 5-3 CFRP Families: Age Groups at Entry (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=72	N=65	N=93	N=40	N=88	N=111	N=469
I-T only	6	28	15	23	19	15	17
HS only	26	3	23	18	5	19	16
6-8 only	0	0	0	0	1	0	0
9+ only	0	0	0	0	1	4	5
I-T & HS*	32	35	30	38	58	42	40
I-T & 6-8**	1	15	6	5	1	4	5
I-T & 9+	1	3	3	5	2	1	2
HS & 6-8***	21	11	14	8	10	16	14
HS & 9+	13	3	8	5	2	3	5
6-8 & 9+	0	2	1	0	0	0	0

*Also includes I-T,HS, and 6-8;I-T,HS,and 9+;I-T,HS,6-8,and 9+
**Also includes I-T,6-8,and 9+
***Also includes HS,6-8,and 9+

Table 5-4 CFRP Families: Mother's Age at Entry (percent)

	Jackson	Las Vegas	New* Haven	Oklahoma City	St. Petersburg	Salem	Overall*
	N=72	N=61		N=37	N=84	N=110	N=364
18 or under	1	13		8	7	0	5
19-20	7	9		5	11	2	7
21-25	46	34		51	35	44	41
26-30	17	18		14	25	32	23
31-35	18	18		8	10	7	7
36-40	7	2		5	10	7	7
41-45	1	2		3	2	2	2
46-50	0	0		3	0	0	0
51-55	1	0		0	0	1	1
56 or over	1	3		3	1	0	1
Mean	27.6	26.1		27.1	27.0	27.6	27.1

*There was 100% non-response to this item in New Haven; overall figures include the other five sites.

infant-toddler age; the proportions are in the same direction, although less extremely so, in New Haven and Salem. Conversely, in Las Vegas 52 percent had a child of Head Start age, compared with 81 percent infant-toddler. In Oklahoma City and St. Petersburg approximately equal numbers of families fell in each category. This could indicate a relatively greater emphasis on the Head Start component in Jackson, New Haven, and Salem, and on the infant-toddler component in Las Vegas. At least, it is clear that the large influx of families into the Jackson program in 1977 was due to Head Start expansion. The families enrolled in New Haven and Salem in 1978 also included a larger proportion than usual with children of Head Start age. Further, as suggested in Chapter 2, it appears that in New Haven and Salem there is a relatively greater expenditure of resources on Head Start than on the other CFRP components--although there is no indication that this is the case in Jackson.

Mother's age at entry--On the New Haven questionnaires, there was 100 percent non-response to an item requesting mother's date of birth. Among the remaining five sites there was little variation (Table 5-4). The modal age range at entry was 21-25, although the overall mean was slightly higher, about 27.1. The mean in Las Vegas is on the low side, mainly due to the large proportion of teenage mothers. Not clearly indicated in the table is the wide range of ages--from 15 to 74. (In a few cases a relative other than the mother was primary caregiver in the home, and her age at entry was substituted. In one case, in St. Petersburg, this was the children's great-grandmother.)

5.2 Family Composition

Household size and number of children--As of fall 1978, the households of the families served by the six CFRPs ranged in size from 2 to 14 members, with an overall mean of 4.4 (Table 5-5). Even in St. Petersburg, with the highest

Table 5-5 CFRP Families: Household Size
(percent as of fall 1978)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=72	N=65	N=93	N=40	N=88	N=111	N=469
2	18	9	15	5	7	14	12
3	25	29	28	13	17	30	25
4	19	18	23	40	25	24	24
5	18	15	22	20	15	18	18
6	6	9	8	13	14	8	9
7+	14	18	5	10	23	5	12
Mean	4.3	4.7	4.0	4.8	5.1	4.0	4.4

Table 5-6 CFRP Families: Number of Children
(percent as of fall 1978)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=72	N=65	N=93	N=40	N=88	N=111	N=469
1	25	14	22	8	11	23	18
2	31	34	31	25	23	37	31
3	25	18	27	43	22	26	26
4	8	9	14	15	20	8	12
5	4	9	6	10	13	2	7
6+	7	15	0	0	11	4	6
Mean	2.6	3.3	2.5	2.9	3.5	2.4	2.8

Table 5-7 CFRP Families: Ages of Children
(percent as of fall 1978)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=187	N=214	N=234	N=117	N=306	N=268	N=1326
0-2	11	22	22	29	12	25	19
3-5	39	24	48	30	22	45	35
6-8	19	21	14	23	26	17	20
9+	31	33	15	18	39	14	26

mean size, about half of the households had 4 or fewer members. The data on number of children are comparable (Table 5-6). The maximum was 11, the overall mean 2.8. Again, St. Petersburg had the highest mean, although Las Vegas had the largest proportion of families with 6 or more children.

Ages of children--The ages of the children in the families served show somewhat greater variation (Table 5-7). Not surprisingly, the New Haven and Salem programs, which greatly expanded their Head Start components in 1978, had large proportions of children in that age category. The Jackson CFRP, which did the same in 1977, also had a fairly large proportion of Head Start age children. The St. Petersburg program, with the largest proportion of "veteran" families as shown in Table 5-2 (46 percent enrolled in 1973 and 1974), also had the largest proportion of older children (65 percent age 6 or older).

Mother's marital status--The six categories of mother's marital status listed in Table 5-8 can be conveniently combined to form three: married (including "informally married," living with a male partner but not legally married); formerly married (including separated, divorced, and widowed); and never married. When this is done, Las Vegas, New Haven, Oklahoma City, and St. Petersburg turn out to be essentially

Table 5-8 CFRP Families: Mother's Marital Status (percent as of fall 1978)

	Jackson	Las Vegas	New Haven	Okla-homa City	St. Peters-burg	Salem	Over-all
	N=71	N=65	N=93	N=40	N=87	N=86	N=442
Married	35	28	28	28	25	53	33
Informally married	3	3	1	5	5	6	4
Separated	17	23	30	13	16	26	22
Divorced	28	12	10	20	14	10	15
Widowed	1	0	3	8	3	0	2
Never married	15	34	28	28	37	5	24

similar on this dimension. Each had roughly 30 percent married (including "informally married"); 33 to 43 percent formerly married; and 28 to 37 percent never married. Jackson had more married (38 percent) and formerly married (46 percent) and fewer never married (15 percent). Salem was far more extreme, with 59 percent married, 36 percent formerly married, and only 5 percent never married. (Note the low response rate on this item from Salem, however; it is possible that these figures are skewed in some way.)

Ethnic distribution--In terms of ethnic background of families served (Table 5-9), the Las Vegas CFRP was by far the most varied, with about 50 percent black and the balance distributed among several groups. As noted in Chapter 4, the Las Vegas CFRP serves families in several low-income pockets, each of which is predominantly populated by a given ethnic group: black, Hispanic, white, or Native American. Similarly, while black families predominated at the urban New Haven CFRP, there were also substantial proportions of white and Hispanic families. Salem, on the other hand, is nearly 100 percent white; the fact that the clientele served by the CFRP is more ethnically varied than would be expected given the predominant population of the area reflects the comparative overrepresentation of minority groups in the segment of the population which is eligible for, and seeks, CFRP services.

Table 5-9 CFRP Families: Ethnic Background (percent as of fall 1978)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=71	N=65	N=93	N=40	N=87	N=111	N=467
Black	37	52	78	93	99	5	56
White	62	17	13	5	1	77	33
Hispanic	0	26	9	0	0	4	6
Native Am.	0	2	0	3	0	5	2
Asian	0	0	0	0	0	2	0
Biracial	1	3	0	0	0	8	3

Similarly, in Jackson and particularly in St. Petersburg, there is a much larger proportion of blacks in the CFRP client population than in the area population. At the Oklahoma City program, which until recently was mainly serving the predominantly black community of Spencer, the great majority of CFRP families were also black.

The ethnic distribution of CFRP families served corresponds fairly closely to the distribution of staff serving them (see Tables 3-1 and 3-2, pages 3-2 and 3-3) at four of the six sites. The exceptions are St. Petersburg, with 99 percent black families and 72 percent black staff, and Salem, with some ethnic variation among families served and none among staff (who are 100 percent white).

5.3 Education and Income

Mother's education--Jackson, New Haven, and Salem are quite similar on the dimension of mother's education (Table 5-10; note the large proportion of non-responses at these sites). At all three, about half of the mothers had completed high school or obtained a GED certificate; one-fourth to one-third had completed some high school, but had not graduated; a fairly small proportion had an 8th-grade education or less; mothers with some college represented a larger proportion in Salem and New Haven than in Jackson. Las Vegas departed

Table 5-10 CFRP Families: Mother's Education (percent as of fall 1978)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=58	N=64	N=68	N=40	N=86	N=68	N=384
8th or less	7	13	10	0	8	6	8
9-11th	36	42	26	23	47	35	36
12th or GED	52	38	50	55	17	44	40
Some college	5	8	13	18	20	15	13
College grad	0	0	0	3	1	0	1
Other	0	0	0	3	7	0	2

from this pattern mainly in having a larger proportion of mothers who had started high school but had not completed it. St. Petersburg showed the most variation, with the largest proportion who had some high school (9-11)--but also the largest proportion with some college or technical training. The Oklahoma City mothers had the highest mean level of education; 79 percent had at least completed high school.

Mother's employment status--At all sites except St. Petersburg, the majority of mothers were unemployed (Table 5-11). The proportion, however, ranges from 60 percent in Las Vegas to 93 percent in New Haven. There is no direct association apparent between CFRP mothers' employment status and area unemployment rates (see Table 4-2, page 4-2). The program with the fewest unemployed mothers (proportionately) is in an area of high unemployment (St. Petersburg). Of course, it is clear that other factors besides area unemployment rates have a bearing on the employment status of women, especially mothers. Unemployment rates are intended to show the proportion of people in the labor force (i.e., desiring to work) who do not have jobs: it is quite likely that a considerable proportion of CFRP mothers do not meet such a description, in that their responsibilities as parents preclude their actively seeking work.

Table 5-11 CFRP Families: Mother's Employment Status (percent as of fall 1978)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=71	N=62	N=91	N=40	N=88	N=105	N=457
Employed	11	40	7	35	55	27	28
Unemployed	89	60	93	65	43	73	71
Disabled	0	0	0	0	2	0	0

Family income--In all six CFRPs, three-fourths or more of the families had incomes under $6000 per year (Table 5-12). In four of the programs (Las Vegas, Oklahoma City, St. Petersburg, and New Haven), one-fifth or more had incomes below $3000. Three programs (Oklahoma City, Salem, and St. Petersburg) reported that some of their families had incomes over $12,000. Because of variations in household size, per capita income (Table 5-13) does not follow precisely the same pattern. However, the four programs with the greatest proportions of extremely low-income families (Las Vegas, Oklahoma City, St. Petersburg, and New Haven) also had the largest proportions of families with low per capita incomes (44 to 58 percent at less than $1000 per year). Not surprisingly, the three of these programs that had the largest proportions of low per capita incomes were also those with the largest mean household sizes (Table 5-5, page 5-6). The two programs with the smallest proportions of families with low per capita incomes (Salem and Jackson) also reported the largest proportions with per capita incomes over $2000 per year (25 percent and 17 percent respectively).

There is no direct connection between family or per capita income and mother's employment status. Sites with large proportions of unemployed mothers were not consistently more likely to report low incomes. Salem, with the smallest proportion of families with incomes below $3000 per year and the smallest proportion with per capita incomes below $1000 had a "moderate" (for this sample) proportion of unemployed mothers. There is also no direct connection between income and source of income (Table 5-14). That is, households that depended on wages as a source of income were not necessarily likely to have higher incomes than other households. Again, in Salem, for 76 percent of CFRP families welfare was a source, compared with 36 percent wages. Welfare and wages were by far the most important sources overall, with welfare predominating in Jackson,

Table 5-12 CFRP Families: Family Income (percent as of fall 1978)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=71	N=63	N=92	N=37	N=86	N=111	N=460
Less than 3K	8	30	21	24	23	5	17
3-6K	75	57	72	57	52	70	65
6-9K	8	2	4	5	19	14	10
9-12K	8	11	3	8	3	9	7
Over 12K	0	0	0	5	2	3	2

Table 5-13 CFRP Families: Per Capita Income (percent as of fall 1978)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=71	N=63	N=92	N=37	N=86	N=111	N=460
Less than 500	3	17	9	22	20	2	10
500-999	30	41	35	32	33	19	30
1000-1499	25	16	18	22	17	27	21
1500-1999	25	19	28	8	16	27	22
2000-or over	17	6	10	16	14	25	15

Table 5-14 CFRP Families: Sources of Income* (percent as of fall 1978)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=71	N=65	N=90	N=38	N=88	N=111	N=463
Wages	25	58	29	29	78	36	44
Unemployment	0	0	2	8	3	2	2
Welfare	82	54	69	58	58	76	67
Workmen's	1	0	1	3	3	6	3
Alimony	3	2	0	0	0	0	1
Other	4	3	0	8	8	4	4

*May sum to more than 100% because more than one source was reported for some families.

New Haven, Salem, and Oklahoma City; wages predominating in St. Petersburg; and the two sources about equal in Las Vegas. It is hardly surprising that wages predominated in St. Petersburg, considering the relatively high proportion of employed mothers in that CFRP. However, there is by no means a one-to-one correspondence between maternal employment and wages as a primary source. This is because in many households the father's wages (or, occasionally, those of another adult) are a major source of income. Unfortunately, there was such a high proportion of NA responses to a question concerning father's employment status that no data were forthcoming.

5.4 Summary

The findings of the program study with regard to the characteristics of CFRP families at the six impact study sites may be summarized as follows:

- Of families in the programs as of late 1978, three-fourths had entered since the beginning of 1976. New Haven, Salem, Jackson, and Las Vegas, in that order, had particularly large proportions of newer families; St. Petersburg and Oklahoma City had more "veteran" families.
- The majority of these families were eligible for infant-toddler and/or Head Start services at the time of entry. Jackson, New Haven, and Salem enrolled more families with Head Start children, Las Vegas more in the infant-toddler range; in Oklahoma City and St. Petersburg approximately equal numbers of families fell in each category.
- Among five of the sites (excluding New Haven), there was little variation in means of mother's age at entry. The overall mean was 27.1, although the range was 15 to 74.
- As of fall 1978, household size for CFRP families ranged from 2 to 14 members, with an overall mean of 4.4. Number of children ranged from 1 to 11, with a mean of 2.8. New Haven, Salem, and Jackson had large proportions of Head Start-age children; St. Petersburg had the largest proportion of children age 6 or older.

- About 37 percent of CFRP mothers as of fall 1978 were married or "informally married"; 39 percent were formerly married; 24 percent had never been married. Salem had an unusually large proportion of married or "informally married" (59 percent) and a small proportion never married (5 percent).
- In terms of ethnic distribution, the Las Vegas CFRP was by far the most varied; New Haven and Salem were somewhat less diverse. Jackson was 62 percent white and 37 percent black, and Oklahoma City and St. Petersburg were both over 90 percent black.
- Slightly over half of all CFRP mothers had completed high school. Proportions were lower in Las Vegas and St. Petersburg, and higher in Oklahoma City.
- Overall, and at all sites except St. Petersburg, the majority of CFRP mothers were unemployed. In all six programs, three-fourths or more of the families had incomes below $6000 per year. From half to three-fourths of the families at each site had per capita incomes below $1500. Welfare and wages were the most important sources of income, with welfare predominating in Jackson, New Haven, Salem, and Oklahoma City; wages predominating in St. Petersburg; and the two sources about equal in Las Vegas.

Chapter 6

CFRP SERVICES

This chapter examines the CFRP, as exemplified at the six impact study sites, as a service-provider. The following questions provide its focus: What is the nature of the processes by which families are taken into the program and by which their progress and development are measured? How often are staff in contact with families, and what is the content of their interactions? How are services provided and referrals made? What role do parents play? What is the functional nature of the three major CFRP components--infant-toddler, Head Start, and preschool-school linkage?

6.1 Recruitment

From an institutional perspective, the evolving status of a given family in relation to the CFRP may be viewed as a process comprised of initial recruitment, assessment and enrollment, periodic reassessment, and eventual termination. The entire process is conducted within the context of CFRP guidelines and is designed to maximize individualization in order to meet the needs of specific families most effectively. Nevertheless, there is some variation in the process from site to site.

Recruitment of new families does not ordinarily constitute a major task for the CFRPs at the six impact study sites. Demand for CFRP services typically exceeds supply: the programs generally maintain waiting lists of families wishing to be enrolled. In many cases these are families with some prior knowledge of Head Start; they often

have a child of Head Start age they want to place in that program, and end up becoming involved in the more comprehensive CFRP. Other community agencies are a major source of referrals for some of the programs, and CFRP parents may also play a more or less significant role in recruitment (see Table 6-1).

The evaluation study necessitated special recruitment effort and, in some cases, unusual recruitment procedures. Referrals from Head Start and from community agencies were, as usual, a major source of new families. In addition, at several sites door-to-door canvassing was carried on. In St. Petersburg, CFRP home visitors contacted mothers at the Pinellas County Health Department, where prenatal care is provided; they explained the CFRP and invited the mothers to enroll. In Salem, the CFRP obtained a list of families from the Welfare Department; eligible families were then contacted and interviewed.

Table 6-1 CFRP Recruitment

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem
Agency referrals						
Most families	X					
Not majority		X (20-30%)	X (<10%)	X (20-30%)	X (<10%)	X (10%)
CFRP parents						
Major role				X	X	
Assist		X	X			
Minimal role	X					X

6.2 Assessment, Enrollment, and Termination

Once a family has indicated an interest in participating in the CFRP, assessment procedures begin. A family advocate or a home visitor may meet with the family one to several times, usually over a period of four to six weeks. One purpose of these meetings, which are ordinarily held in the home, is to acquaint the parents with the benefits and options available within the program and to make clear what is expected of them as participants. Either at the beginning or end of this series of meetings, parents are expected to indicate in some formal way their commitment to the program, often by signing an agreement. (A copy of the Family Program Agreement Form used by the Jackson program is presented as Figure 6-1.)

A second purpose of these initial meetings is preassessment. This involves the gathering of eligibility data as well as information on family needs. The latter information is passed on to an assessment team, which may include family advocates, home visitors, support staff, and--when appropriate--staff members from other community agencies. (In Oklahoma City, in rare cases "referral enrollment" is practiced, where a staff member from another agency makes the initial family visit and collects enrollment information. CFRP staff must still talk with the family before beginning program activities.) This team is then brought together for a formal assessment meeting. Parents are generally encouraged to attend the meeting; in some programs their attendance is required (see Table 6-2). The assessment meeting is the basis for establishing specific family goals and determining who will take what steps and when to achieve those goals--the family action plan. Parents are expected to provide input during the goal-setting process, and the action plan is typically the product of mutual agreement

Figure 6-1 Jackson CFRP Family Program Agreement Form

The Program Agrees:

To offer activities and programs in parent education and family development which will assist families toward well-being with promotion of the growth and nurture of their young children, prenatal through eight years of age.

To meet with the family to assess together the strengths and needs of the family and its individual members, and to prepare with the family a plan of action programs and services to meet its own goals and objectives.

To cooperate with the family in assistig them to find and use community resources and services which promote child growth and deve.opment as part of the action plan, and to meet particular emergency needs as necessary.

To determine with the family their choices for program enrollment of children 0-8 years, as possible within the program options for home-based, small group or center based programs.

To provide opportunities for families to obtain general services:

Preventive health and social services

Screening, Diagnosis and Treatment:

- Health services
- Medical services
- Mental Health services
- Nutrition services
- Social services

Developmental Services for Families and Children

- Parent Participation and Involvement
- Development of parenting skills
- Family social events and recreation activities
- Knowledge and information about community services and organizations
- Consumer education and homemaking skills
- Creative workshop experiences
- After-school recreation and learning programs for school age children
- Parent and childrens' library resources
- Programs for smooth transition for children into elementary grades
- Tutoring for school age children
- Adult and basic education experiences

DATE: _____ _____
Signature of Family Life Educator

DATE: _____ _____
Signature of Director
Family Development Program

The Family Agrees:

To attend group/center programs and activities two (2) times a month as scheduled with the Family Life Educator (once (1) a month for school-linkage).

To be available at home for scheduled visits of the Family Life Educator and Home/Parent Teacher or Center Staff; and agrees to carry out activities with children and appointments for services between visits. (These schedules and appointments will be arranged with parents for their greatest convenience.)

To meet with the Family Life Educator (and other staff if agreed) to participate in comprehensive discussion and assessment of family and individual strengths, needs and goals; and to work together to decide on a plan of action activities and services to meet family goals.

Priority will be given for all program options to children of families participating in Family Development Programs.

I (we) agree to participate in the Family Development Program as listed above and to arrange to be available for visits as scheduled, and to attend group/center activities on a regular basis.

DATE: _____ _____
Signature of Parent or Primary Caregiver

_____
Signature of other participating adult

I do not wish to participate in a Family Development Unit, but wish to have my child attend a Head Start classroom.

DATE: _____ _____
Signature of Parent or Primary Caregiver

I do not wish to enroll our family or child in any Family Development Program option.

DATE: _____ _____
Signature of Parent or Primary Caregiver

Table 6-2 CFRP Assessment and Goal-Setting

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem
Parent attendance at assessment meetings						
Required		X				X
Not required	X		X	X	X	
Parent input in goal-setting						
Required	X	X	X	X	X	X
Not required						

between parents and CFRP staff. At least, the plan must generally be approved by the parents before it can be put into action. At this point, the family is considered enrolled and may begin to receive services.

Assessment is carried out in this manner (allowing for some site-to-site variation in timing and precise procedure) at five of the six impact study sites. The exception is New Haven, where the CFRP is, essentially, the infant-toddler component. There, once a family has provided initial enrollment and eligibility information, a home visitor makes contact to arrange a schedule for infant-toddler center sessions and home visits. It is not necessary for a family to have a home visit before attending infant-toddler sessions. If the family has a number of social service needs as identified by the home visitor, a family advocate visits the family, sometimes accompanied by the home visitor, to begin the assessment. The family advocate then completes a family assessment form which contains a plan for providing services. This is done with parent input, but parents are not required

to review the actual plan. If no immediate family problems are identified by the home visitor, the family advocate may simply introduce herself/himself and her/his role at a center meeting, and not see the family until something is needed. There are no formal assessment meetings at New Haven.

Reassessment is scheduled periodically for each enrolled family. (The exception, again, is New Haven, where reassessment is seen as an ongoing process and is not formally scheduled; as situations change or new problems occur the family advocate may discuss these with other staff members, and new goals or plans may result.) The interval is typically set at six months, although this may vary in practice due to overloaded schedules; in Salem it takes place every 12 months, and in St. Petersburg every 14 months. The purpose of reassessment is to evaluate the family's progress--as well as the effectiveness of the program in meeting their needs. The process is very much the same as initial assessment. However, in some cases (Jackson) CFRP staff report that reassessment is less involved and less time-consuming than initial assessment; in other cases (St. Petersburg) it is said to be more in-depth, because staff have more family data available to them.

A secondary purpose of reassessment is as a means of re-evaluating the family's status within the CFRP. It is expected that families will participate regularly in program activities. If they fail to do so, their enrollment may be subject to termination. In general, the CFRP is not intended to be a drop-in program where families receive help only in crises, with no continuing involvement or commitment. In practice, the CFRPs at the six summative sites vary in the degree to which they provide such "as-needed" services.

Families receiving services "as needed" may fall into any of several categories:

1. Non-enrolled families seeking help in a crisis. These are usually referred by other community agencies, sometimes by agencies which share facilities or administration with the CFRP. In some programs--especially in New Haven--these tend to be Head Start families who are identified by staff as being in need. The Las Vegas program serves large numbers of non-enrolled families. At the opposite extreme, the Salem CFRP refuses to serve any: the staff hold to the view that other community agencies are better equipped to provide emergency services, and they place all referred families on a waiting list for possible enrollment the following year.

2. Enrolled families who do not participate regularly. This category may include: newly enrolled families who have not yet entered the mainstream of CFRP participation; families who move often, and with whom CFRP staff cannot maintain regular contact; and families who are simply sporadic users of CFRP services. In all six programs, families in this category may be subject to termination on the basis of reassessment.

3. Enrolled families who have become relatively independent, and who have little need for CFRP services. These are often families who have been active in the program and have met most of their objectives but wish to maintain some involvement. It is common to put such families on "90-day hold" and contact them every three months.

4. Formerly enrolled families who have "graduated" from the program (for example, because their youngest child is school age). Some such families continue to return for "as-needed" services and for special events. (There is some overlap between this category and category 3: for example, in Las Vegas families with school-age children only are placed on "90-day holding" status.)

There is a certain ambivalence in the feelings of CFRP staff about the provision of "as-needed" services. As noted, the program is designed to serve families who are committed to it. It is understandably frustrating to work with families when contact cannot be regularly maintained. It becomes almost impossible to get a total picture of family circumstances and needs and to measure progress toward the achievement of goals. Therefore, some CFRP family workers tend to feel that such families are "stagnating," and that they should be terminated to make room for others who are more goal-oriented. Others feel that since the CFRP may provide the only assistance afforded these families in focusing on child stimulation and development they should be kept in the program. CFRP staff may also have mixed feelings about working with families "on hold." Some may feel less committed to these families because they have less impact on their lives; others enjoy working with more independent families because the parents follow through on referrals, etc., making the staff feel that the program is genuinely successful.

In the view of some CFRP staff, parents should be free to determine their own level of participation, and amount of participation should not be the sole criterion for evaluating the benefit of the program to that family. After all, there is a sense in which the CFRP is intended to be <u>strictly</u> an "as-needed" program. This is one way to view the requirement of individualization: each family should receive just those services it needs, and as much as it needs. Furthermore, one objective of the CFRP is to render its own services unnecessary--to foster family independence. Thus, within each local program families are encouraged to rely less and less on the CFRP and more and more on their own devices--explicitly, to <u>mature</u> toward "as-needed" status. Yet irregular or sporadic participation is one basis for termina-

tion, and tends to be viewed negatively. The Jackson CFRP offers an interesting solution to this conundrum: it is expected that the longer a family stays in the program the more active role they will play in program activities and the less assistance they will require in terms of goal-setting, services, etc.

A decision to terminate a family's enrollment may be based on any of the following:

- relocation;
- change in eligibility (for example, due to increase in income or youngest child being over age);
- independence;
- indication of no interest;
- chronic nonparticipation.

A decision to terminate is a serious step, and not undertaken lightly. It typically follows only after careful consideration and consultation among all interested staff. The family is notified of the decision, and may have opportunity to reconsider their involvement. In the Salem program, the termination process involves a final assessment meeting between family members and the family advocate, at which the child's progress and future family goals are discussed. The philosophy of "once a CFRP family always a CFRP family," expressed by a Jackson staff member, is common to the six programs. Terminated families are generally given to understand that they are always welcome to return.

6.3 Staff Contact

On the staff background questionnaire (discussed in Chapter 4 of this volume), workers who indicated that they are assigned to specific families were asked to report caseload. (The exact wording of the question was, "How many

families are you assigned to work with?") Responses varied widely, with a range of 2 to 500. It is assumed that the extremely high responses came from staff members who work with all families in the program (and who are thus not actually assigned to work with specific families). These extreme responses (of 80 or higher) were left out of the analysis; this eliminated only 6 cases, so that 91 percent of the valid cases were included. The resultant maximum is 40, and the resultant means are shown in Table 6-3. Salem, St. Petersburg, Jackson, and Las Vegas are roughly comparable on this dimension, with the mean in New Haven less than half that in any of these four sites.

Staff members were also asked how often they have direct contact with the families assigned to them. Again, there was wide variation, with responses ranging from once a month to 20 times a week. In this case, it appeared that some respondents may have interpreted the question as referring to the number of times they work with families, rather than with a family. With four extreme responses (of 10 times per week or more) omitted, the maximum is 5, the mean 1.6, and the standard deviation 1.3. The most meaningful measure of central tendency here, however, is the mode; 34 of 57 valid cases reported one contact per week. Within-site figures are not very meaningful, partly because of very small Ns (due to a larger-than-usual proportion of missing cases).

Table 6-3 CFRP Families Assigned per Worker

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=29	N=4	N=7	N=5	N=7	N=11	N=63
Mean caseload	23.7	22.0	10.9	16 6	24.4	26.0	22.1
(SD)	(11.0)	(3.7)	(4.2)	(8.2)	(3.2)	(12.7)	(10.5)

The issue of frequency of contact is related to that of division of duties among staff. In the Jackson CFRP, family life educators visit each family once a month; they also have contact with families at parent education sessions twice a month, but not every parent attends these. Home parent teachers visit each family every other week and work as infant-toddler classroom staff in intervening weeks. Frequency of contact also varies with age of children. In New Haven, families with children up to age two are visited once a week (by the home visitor); those with three-year-olds are visited once a month; home visitors are also in contact with their assigned families at the infant-toddler center. In Salem family advocates visit each family with I-T children according to an agreed-upon schedule, usually once every two-three weeks; Head Start families are visited less frequently by FAs, but also receive three to five visits a year from the Head Start teacher. (Caseload also varies by age group in Salem; FAs serve 13-16 families at the I-T level, 25-35 at the Head Start level.)

Family workers were also asked to indicate the types of contact they have with families. A principal components analysis was performed on the responses, and home visits and parent meetings were grouped together as a result. About two-thirds of the family workers (64 percent) checked both of these types of contact, and another 30 percent checked one of the two; responses were roughly comparable across sites.

6.4 Service Provision

A major proportion of the work activities of CFRP staff are carried on within the context of the three major components (infant-toddler, Head Start, and preschool-school linkage) and relate directly to the functions of those

components. Those activities, and the services provided thereby, are discussed below in sections dealing with each of the components in turn. The CFRP is not exclusively an educational or child-developmental program, however; it includes other services as well. One of the categories of types of contact (between CFRP staff and families) yielded by the principal components analysis referred to above was a kind of general service category, composed of the following elements: coordinating services; providing services; providing information; providing transportation. Roughly 86 percent of the family workers responding checked at least one of the four types; in Oklahoma City all respondents checked either three or four. (The Oklahoma City CFRP has suffered from understaffing, and it is common for staff members there to undertake double and triple duty.)

The most clearly defined and fully developed aspect of service provision across programs generally--outside of the CFRP components themselves--is health. This is not to suggest that provision of health services is <u>independent</u> of the infant-toddler, Head Start, and preschool-school linkage components. A major concern of the health aspect is developmental, and staff working within the components frequently become involved with it. However, each of the six programs has a health specialist who is explicitly responsible for provision of such services to client families.

As noted earlier, in Salem the health coordinator is an RN under contract to Head Start for 80 percent of her time. She visits each new CFRP family to perform a health assessment and sits in on the assessment meeting to assist in developing the family action plan. She sees infants at three-month intervals during their first year, then at 18,

24, and 30 months. She emphasizes preventive care, but occasionally must deal with acute illness situations as well. Among parents, the chief health problems she encounters are lack of preventive care and psychosomatic and emotional difficulties. She trains classroom staff in preventive care and arranges for additional health training for staff and families. Most direct medical care is provided on referral through public health department clinics, or by hospital emergency rooms.

In the other five programs, the health aspect is not quite so full-blown. It is typically the case that the health coordinator or specialist regularly reviews health records on all children, and in some programs on all family members. CFRP staff take responsibility for keeping track of medical examination and immunization schedules for children--or, again, for all family members. In some cases (New Haven and St. Petersburg, for example) the health coordinator or specialist handles this, notifying the appropriate home visitor or family advocate when services are needed; the latter staff member then arranges the referral. In Jackson, the family life educator notifies health staff when special problems or needs arise; health staff are responsible for following up on required examinations and treatment, and also maintain medical records. In Oklahoma City, the Head Start health coordinator is, in effect, available only "on call"; one of the family advocates maintains ongoing medical records for all CFRP families, reminding the appropriate advocate when a family member is due for examination or immunization; health services are coordinated primarily through a nearby clinic which offers extensive family health services.

There are a number of handicapped children among the client families served by the six CFRPs. Substantial proportions of these have speech, hearing, or vision impairments; others have a variety of physical handicaps or

emotional difficulties or are mentally retarded. This segment of the CFRP population obviously imposes an additional burden of responsibility on health personnel, beyond their concern with the optimal development and ongoing well-being of other children and their families. The St. Petersburg CFRP offers mental health counseling and group therapy (for adults). The Jackson program offers speech therapy as well as prenatal care and education and dental checkups; these services are provided to the program by outside agencies and personnel on a contract basis. Across the six programs, most direct health care is provided through referrals.

6.5 Referrals

A major function of every CFRP is to assist in making community resources and services more readily accessible to the families they serve. The biggest part of this job is informational. The provision of information may be implemented broadly: several CFRPs have developed directories of community resources and have distributed these to families. Some of the directories also include helpful suggestions on such matters as how to choose a day care provider.

Of course, in many cases the provision of information takes a much more personal form, as where a family member is directed to a specific agency for help in meeting a specific need. All CFRPs make referrals to a wide spectrum of public and private agencies. However, as noted in Chapter 4, the programs differ in the degree to which they offer direct services as opposed to referrals. Las Vegas CFRP staff members see themselves essentially as providing a connection between client families and a network of community agencies which offer needed services. At the opposite extreme, in Salem referral is not considered a primary means of delivering services; there, staff prefer to provide services directly, although they will refer when it is deemed necessary. The other four programs fall somewhere between these two extremes.

Needs for which most referrals are made vary according to community characteristics as well as program emphasis. The Oklahoma City CFRP makes many medical referrals, largely because in Spencer, where few resources are available, there is an agency which provides family health services and which is willing to work closely with the CFRP. In Jackson, where there is a shortage of housing, many referrals are made for housing assistance. On the other hand, the primary emphasis of the Jackson CFRP is on education, especially adult education: not surprisingly, a large number of referrals are also made for educational services. As part of its preschool-school linkage component, the St. Petersburg CFRP makes many education referrals, too--but these are mainly to community tutoring services for school-age children.

In most cases where referrals are made they are arranged by the family advocate or home visitor--the staff member who maintains most direct contact with the family. Only in Jackson does someone else--the supportive services staff--perform this function. There, when a family need is identified, the family life educator contacts a representative from supportive services, who then makes the referral. Even in Jackson, however, the FLE has ultimate responsibility for making sure that supportive services follows through and that the family has its needs met.

Referral is not always enough. To ensure that families and individuals actually achieve access to the services they need and avail themselves of that access, CFRP staff members must follow up on referrals and, in some cases, go along with the client to the agency. In a great many cases they must provide transportation or arrange for its provision. This is a particular problem for CFRPs that serve rural areas.

6.6 Parent Involvement

A high level of parent involvement is explicitly put forward as one of the objectives of CFRP as a demonstration program. Actually, two distinct but related types of parent involvement are in view here: (1) One has to do with parents' responsibility for the growth and development of their children; (2) the other has to do with parents' commitment to CFRP as a program. The first of these may take several forms, including the parent's active participation as primary educator of the child (discussed below, in connection with the infant-toddler component) and the parent's role in determining family needs and developing an appropriate plan of action (discussed above, in Section 6.2). The second includes such issues as parents' role in recruitment (mentioned in Section 6.1), involvement in CFRP structure and operations, and participation in CFRP activities--although this last issue is also related to commitment to the development of the child.

In all six programs, one form which parent involvement takes is the policy council (although, as noted in Chapter 2 of this volume, in St. Petersburg there is only a Head Start policy council, and CFRP parents are not elected to it unless they have children in Head Start). In general, the policy council is an elected representative body. In Salem and Jackson, for example, members are elected from each of the groups served by the CFRP staff teams. The Jackson PC also includes "community representatives"--but these are current or former CFRP parents, not representatives of community organizations. The policy councils have considerable authority, although they may choose not to exercise it. In Jackson, five or six members of the PC are members of the Community Action Agency Board of Directors. The Jackson PC has authority over all program operations,

including hiring and firing, but in practice this authority is delegated to the CFRP director (although in the event of a firing the council may serve as a grievance committee); the PC deals with program and policy issues, and not with day-to-day operations. The Jackson PC has set up committees to deal with such issues as: family participation incentives; social services and recruitment; parent education and special events; public relations; health and nutrition; education; and transportation.

Another aspect of parent involvement is the degree to which the CFRP offers opportunities for parents to work in the program, either as volunteers or as paid employees. In Jackson and especially New Haven, substantial opportunities of both types are offered; the New Haven program places great emphasis on career advancement for parents. (Note in Table 3-6, page 3-5, that a large proportion of CFRP staff in New Haven are former Head Start parents.) Conversely, although the Salem program does offer volunteer opportunities, staff members view themselves as professionals offering services to clients (CFRP families), and parents are not encouraged to become staff. (Again, note in Table 3-6 that a very small proportion of CFRP staff in Salem are former Head Start parents.)

All CFRPs offer activities designed especially for parents (Table 3-21, page 3-14). Parent-oriented activities vary in type and purpose. All of the programs offer educational sessions dealing with parenting and child-development topics. In several CFRPs adult education classes are offered, including vocational training as well as more academic subjects; these are particularly emphasized in Jackson, where adult education is considered to be the core of the program. Typically, craft, home economics, dance and exercise, and other special-interest classes are also included, as are

purely social activities. In Oklahoma City, infant-toddler operations had been suspended during a period of reorganization. Once they got going again, the program scheduled such special activities as dance, creative cooking and etiquette, and sewing classes three days a week for I-T parents in an effort to get them into the habit of coming to the center regularly. The plan was that gradually some of these activities would be replaced with sessions focusing on child development and parenting skills.

All six CFRPs have experienced difficulty in maintaining parent participation in regular program activities at an optimum level. A variety of incentives and devices are employed in the effort to do so. In Jackson, for example, parents who attend infant-toddler sessions are given stamps which can be redeemed for toys, a trip to the zoo, a book on child development, etc. The program provides transportation to these sessions; and a family life educator will frequently drive the bus or a car to encourage parents to come. If parents drive themselves, they are reimbursed for mileage. After a meeting other parents will call those who were absent to find out why.

The most effective incentive, of course, is to provide sessions that parents will not only be able to come to, but also will want to come to. At the Hillsdale Center, operating under the aegis of the Jackson CFRP, attendance was low largely due to the absence of working parents; the staff planned to offer evening sessions, and activities specifically designed to appeal to fathers. All of the CFRPs offer mechanisms, formal or informal, for obtaining feedback from parents on the quality and interest level of program activities. In Las Vegas, for example, parents are asked at least once a month to evaluate a center session,

using the form shown in Figure 6-2. In a sense, then, this is another means whereby parents have some influence over program operations.

6.7 Infant-Toddler Component

As shown in Table 3-18 (page 3-13), about two-thirds of all CFRP staff members and three-fourths of the family workers responding to the staff background questionnaire indicated that they work in the infant-toddler component. Of these, two-thirds work in this component 10 hours a week or less, and nearly half less than 5 hours per week (Table 6-4). Only about one-fifth spend more than 20 hours per week on infant-toddler work, and in Oklahoma City none do. (Oklahoma City has a larger-than-average proportion of staff who work part-time in CFRP.)

Table 6-4 Time/Week in Infant-Toddler Component* (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=46	N=6	N=7	N=6	N=15	N=16	N=96
½5 hours	48	50	43	50	60	38	48
5-10 hours	22	33	29	17	7	19	20
10-20 hours	11	0	0	33	13	13	12
½20 hours	20	17	29	0	20	31	21

*These are percentages of staff members who indicated they work in the infant-toddler component, not of all staff members.

Figure 6-2

Las Vegas CFRP Parent Evaluation Form

CENTER-BASED PARENT EVALUATION

Center-Based topic _____

Date _____

Directions: Using the following questions, please indicate your feelings about today's in-center.

1. What ideas presented today were most useful to you?

_____

_____

_____

_____

2. Concerning today's topic, is there any additional information or related topics you would like us to discuss?

_____

_____

_____

_____

3. What kind of staff support or feedback did you receive today?

_____

_____

_____

_____

4. Did you enjoy the in-center activities? Why or why not?

_____

_____

_____

_____

The purpose of the infant-toddler component is to enhance the development of young children within the family context. The thrust of I-T activities is twofold: (1) Some address the child directly, with the intention of providing stimulation and education. (2) Some address the parent, with the intention of improving parenting skills and the quality of parent-child interaction. Many activities do both, in that they are intended to stimulate the child and model an activity for the parent.

The second aspect of the I-T purpose cannot be over-emphasized. A view of the parent as the primary educator of the child is an integral part of the CFRP mandate. It is generally assumed that the limited contact which CFRP staff may have with a given child is not adequate in itself to have a significant impact on the child's development. Family workers are therefore encouraged to make clear to the parent, verbally and behaviorally, that it is up to the parent to make the difference. This perspective is exemplified by the "Guidelines for Home Visitation," developed by the Jackson program (Figure 6-3). Any examination of I-T activities must be conducted in this light.

On the basis of visits to the six impact study sites in fall 1978 and spring 1979, it is possible to develop a reasonably current picture of infant-toddler operations--with one exception. Prior to the time of the fall visit, I-T activities in Oklahoma City were being coordinated by a faculty member from the University of Oklahoma, working under contract for the CFRP. Center meetings were held twice a month. At a typical meeting, the staff (including family advocates as well as university students) would observe parents interacting with their children; then the parents would observe staff interacting with the children, as staff endeavored to model activities

Figure 6-3 Jackson CFRP Guidelines

Guidelines for Home Visitation

In making initial contact with family, establish what your program has to offer, what your goals are and how you expect parents to participate.

Use patience - growth and change come slowly.

Try to listen and understand what the parent is saying and feeling.

Try to listen and understand what the child is saying and feeling.

Try to help parents understand the developmental needs of their children - physical, emotional, intellectual and social needs.

HELP PARENTS REALIZE THAT THEY ARE THE MOST IMPORTANT EDUCATORS OF THEIR CHILDREN.

Accept the parents childrearing methods but try by example to show alternative ways of handling problems.

Be sensitive to situations where your daily plan could be altered to meet specific needs of the family on that particular day.

Know when to step back and encourage parent to take over a project.

Have parents plan entire activity when you feel they are ready.

Help parents understand the value of play.

Help parents understand the benefits of playing with their own child.

Try to include mothers, fathers, younger or older siblings, grandparents, - any member of the family group in projects.

Provide parents opportunity to share ideas and skills among a larger group.

Use praise and encouragement naturally - don't exaggerate - be honest.

Follow through on anything you might have agreed to do.

Protect confidentiality of each family.

HELP PARENTS REALIZE THAT THEY ARE THE MOST IMPORTANT EDUCATORS OF THEIR CHILDREN.

designed to stimulate and enhance development; this would be followed by discussion between parents and staff. After the meeting, parents would check out toys and materials to use at home; family advocates would be instructed in using materials during home visits. Infant-toddler enrollment was limited to parents who expressed an interest, or who appeared to be particularly weak in parenting skills. The family advocates were dissatisfied, feeling that they were not enough involved in the component. I-T operations were suspended, and recommenced in May. At the time of the spring visit, center meetings were still being devoted to topics of special interest and "extracurricular" activities, in an effort to encourage parent participation. The I-T component was not yet back in full swing. Thus, the balance of the discussion here will be devoted to the other five CFRPs, excluding Oklahoma City.

In Jackson, Las Vegas, and St. Petersburg, infant-toddler sessions are held every other week, alternating with home visits. In New Haven and Salem they are held every week. Participating I-T parents are expected to attend all of these sessions: the degree to which they actually attend is another matter. As noted earlier, level of participation represents a continuing problem for all the programs. In Las Vegas, for example, staff members feel they are equipped to work with as many as 30 parents at a time, but they have had difficulty getting more than 15 to attend. In New Haven, participation in I-T activities appears to be limited to a few very interested parents and many other "sometime" parents. In St. Petersburg, it was estimated as of spring 1979 that 33 of 85 families in the program with children under age three were receiving I-T services. In Salem, attendance in one of the I-T groups had dwindled so drastically that a decision was made to close it down and reassign the few remaining families to other groups.

What happens at the center? The five programs vary in the degree to which they deal with parents alone, children alone, or parents and children together at I-T center sessions. In Jackson, home parent teachers work with the children while their parents attend a parent education class taught by a family life educator. At the conclusion of the class parents go to the infant-toddler room to work with their children or observe them through a one-way mirror. On occasion videotapes are made of parents interacting with their children, and these are later played back and discussed with parents. In Las Vegas, New Haven, and Salem, it appears that the parent-child aspect of the center meetings is somewhat less structured. In New Haven, for example, when the parents and children arrive at the center a brief time is spent in individualized activities, with staff members moving from a mother and child to a group of children, perhaps talking with mothers individually or in pairs. Then the parents meet for an educational, craft, or policy council session, while classroom staff and home visitors work with children. In Salem, the parent-child portion of the center meeting is actually the time before the meeting itself: that is, depending on what time families arrive, family advocates spend anywhere from a few minutes to half an hour observing and playing with mothers and their children. Then parents meet to discuss infant health and development; once a month they discuss topics for submission to the policy council. Meanwhile their children are worked with separately. In St. Petersburg, there are no I-T center sessions involving the mother and child, with two exceptions: (1) if unusual home circumstances preclude working at home, or (2) if the home visitors plan an activity that requires a large space or heavy equipment. Normally, at the center, mothers meet to discuss topics of interest while home visitors work with the children.

In general, the CFRPs do not tend to use a highly structured curriculum in I-T center sessions. The curricula

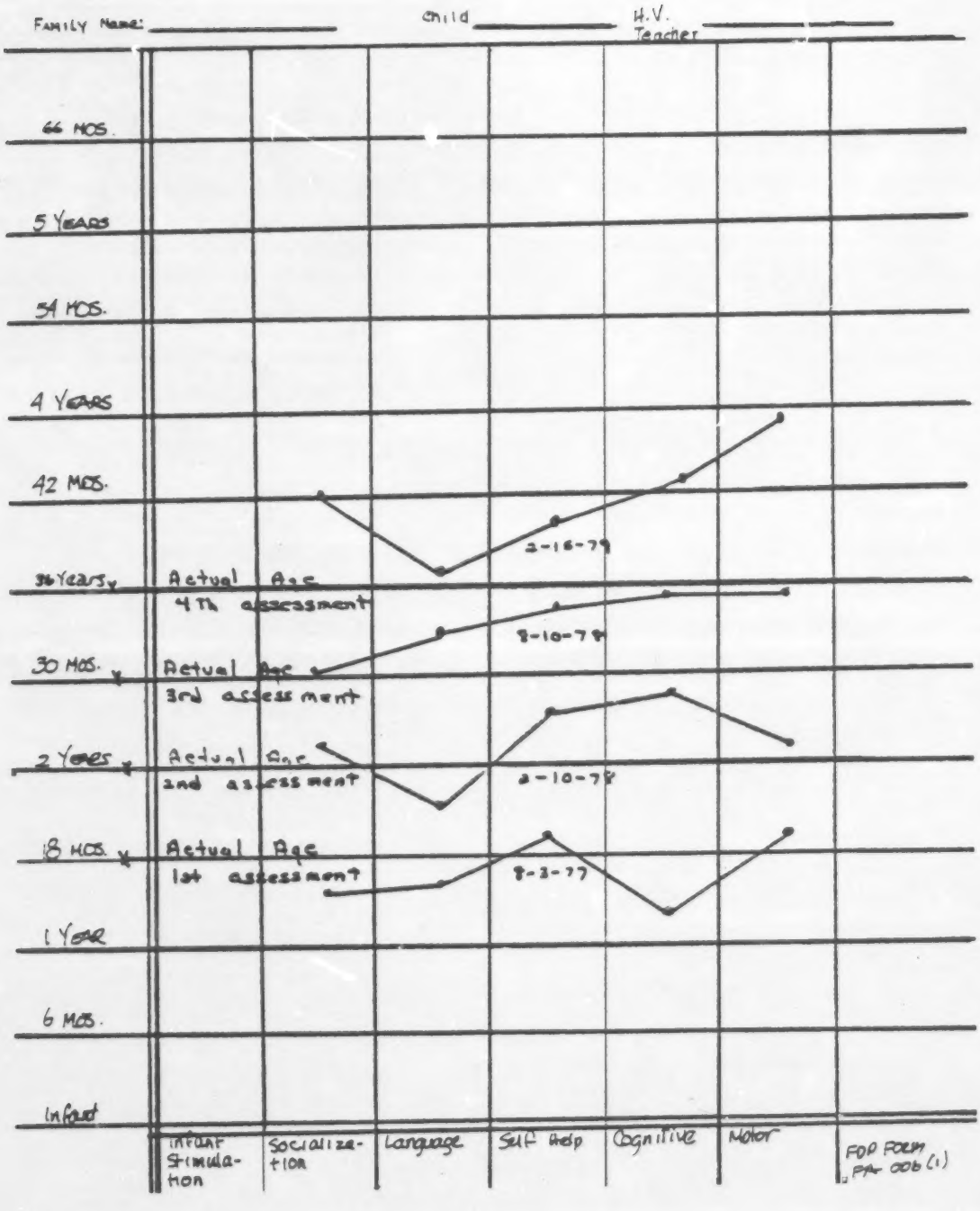
as applied tend to be eclectic in origin, and readily adaptable to the particular needs of children and parents present. Among the sources used, the Portage guide and Burton White's ideas figure most prominently. A variety of materials are employed in the parent meetings, including films on child development and parenting and articles from such periodicals as Psychology Today, used to spark discussion. The format in the parent meetings also tends to be relatively unstructured, with informal discussion or even "conversation" favored over lecture presentation.

In Jackson, Las Vegas, and St. Petersburg infant-toddler home visits are conducted every other week, alternating with center sessions. In Salem they are made once every two or three weeks, and in New Haven once a week to families with children age 0-2 and once a month to families with 3-year-olds. Whereas the bulk of the time in center sessions is spent on activities directed at the parent or the child, in home visits the focus is very much on the parent with the child.

In four of the programs, some instrument is employed to assess the child's development on a regular basis. (The exception is Las Vegas, where home visitors use their own judgment in watching for signs of developmental problems.) The Portage checklist is used by Jackson and Salem, the Learning Activities Profile by New Haven and St. Petersburg. In the case of New Haven, the instrument is administered at the center; in the other programs it is administered during home visits. In every case the check on the child's development serves as a basis for modifying the content of future visits, and also--to some degree--of center activities. The results of the developmental assessment are also shared with parents. Staff members at Jackson report that parents like the Portage instrument because it shows clearly a child's progress and/or problems relative to Portage norms and to the child's previous assessments (see Figure 6-4).

Figure 6-4

Jackson CFRP Portage
Assessment Form



In general, home visits do not represent a continuation of the curriculum of the center meetings. At most sites there is no explicit attempt to follow up on center activities in the home. For one thing, while an effort is made to adapt center sessions to the needs of those present, they are nevertheless group sessions. Home visits, on the other hand, appear to be highly individualized. To a large degree, they are planned on a weekly basis by the home visitors or family advocates themselves, although this may take place within a general Portage or Burton White framework. In Las Vegas the infant-toddler specialist has developed kits for mothers to use at home; they are composed of lesson plans for age-appropriate activities, using household items to stimulate the child. Home visitors explain these and review them with the parents, but develop their own lesson plans for the visits themselves.

The following description of an actual home visit, prepared by an Abt observer, is probably fairly typical of what goes on across a range of sites:

> The family we visited consisted of the mother and her baby, who is the only child. The father was not present. During the previous visit the home visitor had discussed and demonstrated some developmental activities, based upon the Portage developmental curriculum, for the mother to work on with her baby. The objective of this home visit was to continue with the motor developmental activities, to observe mother-child progress with activities, to weigh and measure the baby, and to discuss the upcoming physical exam scheduled for the baby. For the purposes of this visit, the HV brought a scale, measuring tape, pillow, blanket, and toys. She also had a list of activities for the mother to do with her baby.
>
> During the hour-long visit the HV spent approximately 30 minutes doing motor activities with the baby while the mother was observing. The mother spent about 15 minutes with the baby repeating the activities demonstrated by the home visitor. Following these activities the

HV and the mother spent about 15 minutes discussing upcoming events at the program. The mother was interested in attending workshops for making Christmas decorations, toys, and socks for the baby. The mother was also invited to attend a parent education session on early diagnosis of hearing problems, and a luncheon discussion on "Raising the Biracial Child." At the conclusion of the visit the HV left a list of developmental activities for the mother to work on with her baby until the next visit in two weeks.

As described by a Salem staff member, a home visit at that site typically begins with the parent's concerns, what the parent wants for the child, moving on to activities the parent wants to do with the child, then the parent-child relationship, and so on. It is clear that at all sites home visits are designed to engage the parent in the process of encouraging the child's development--and, more specifically, in given activities. That is, the visits are not primarily devoted to stimulating the child, nor to telling the parent what to do, but rather to demonstrating appropriate activities and attempting to elicit a commitment from the parent to continue such activities in the interim between visits, and in the absence of the CFRP staff member.

6.8 Head Start Component

As shown in Table 3-19 (page 3-14), about four-fifths of all CFRP staff members and the same proportion of family workers responding to the staff background questionnaire indicated that they work in Head Start. This is a somewhat larger proportion than that shown for the infant-toddler component (Table 3-18, page 3-13); in fact, as has been discussed, in several programs it is difficult to distinguish clearly between CFRP staff and Head Start staff. In comparing Table 6-5 with Table 6-4 (page 6-19), it may also be seen that a smaller proportion of Head Start workers than of infant-toddler workers put in less than 5 hours per week

Table 6-5 Time/Week in Head Start Component* (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=53	N=4	N=10	N=7	N=16	N=22	N=112
½5 hours	25	50	10	86	50	32	33
5-10 hours	21	25	50	0	19	14	20
10-20 hours	13	0	20	0	0	14	11
½20 hours	42	25	20	14	31	41	36

*These are percentages of staff members who indicated they work in the Head Start component, not of all staff members.

in the component, and a larger proportion put in more than 20 hours. There is considerable variation across sites, however.

Detailed discussion of Head Start activities at the six sites is not presented here. The Head Start component at these sites is similar to Head Start anywhere else across the country--of which detailed descriptions abound--except that it provides the broader spectrum of CFRP services. Typically, there are three to five Head Start centers at each of the summative sites; the exception is New Haven, which involves some 20 centers. At all of the sites, Head Start is a major operation.

The issue of CFRP-Head Start integration has already been discussed at length. However, it is also interesting to examine the consequences of maximum integration--as in Jackson. When CFRP first got underway in Jackson, a fairly small number of families were offered its comprehensive services. Head Start was essentially a separate program, offered five full days a week. Then, in 1977, the Family Development Program was organized, with Head Start as one of its component

parts. Head Start now operates four days a week on a half-day basis; no Head Start child attends center-based activities more than two mornings per week. Families who need or want day care or preschool services provided daily have to go elsewhere. This cutback in Head Start has allowed the program to offer comprehensive family services to many more families; Head Start families also receive these benefits. A family may still choose Head Start only, but the majority choose the full Family Development Program.

6.9 Preschool-School Linkage Component

As shown in Table 3-20 (page 3-14), about half of all CFRP staff members and of family workers responding to the staff background questionnaire indicated that they work in the preschool-school linkage component. This is a smaller proportion than those shown for Head Start (Table 3-19, page 3-14) and for the infant-toddler component (Table 3-18, page 3-13). Furthermore, those who do work in PSL tend to put in fewer hours per week; whereas half of the Head Start workers spend less than 10 hours a week in that component (Table 6-5), and two-thirds of the infant-toddler workers spend less than 10 hours a week in that component (Table 6-4, page 6-19), four-fifths of the PSL workers put in less than 10 hours a week (Table 6-6). There is somewhat less variation across sites among PSL workers than in the other components.

Table 6-6 Time/Week in Preschool-School Linkage Component* (percent)

	Jackson	Las Vegas	New Haven	Oklahoma City	St. Petersburg	Salem	Overall
	N=27	N=6	N=4	N=4	N=12	N=8	N=61
¼5 hours	59	67	25	75	75	50	61
5-10 hours	26	17	25	25	17	13	21
10-20 hours	7	17	25	0	8	25	12
¼20 hours	7	0	25	0	0	13	7

*These are percentages of staff members who indicated they work in the preschool-school linkage component, not of all staff members.

The purpose of the preschool-school linkage component is to maximize educational continuity, and to ease the transition from Head Start to public school for children, their parents, and school personnel. Across the six sites, this is the least well-developed of the three major CFRP components. This may be due in part to uncertainty as to which of these three groups is intended to be its focus. While a number of things are being done which may well be functional in easing the preschool-school transition, it is not always clear that these are being done deliberately as part of a PSL component; it appears that in many cases they are incidental by-products of the work of some other component--particularly Head Start. In any event, the various services provided may be thought of as directed at children, parents, and/or school personnel; of course, as with all CFRP components, the major PSL goal is to meet the needs of children, whether directly or indirectly.

At all six of the impact study sites some contact has been established and is maintained between CFRP staff and public school personnel. However, this contact varies in extent and form. At one extreme is the Oklahoma City CFRP, which has no formal PSL component. There is a generally unfavorable attitude on the part of school personnel toward preschools in general and toward Head Start and CFRP in particular. When needed, family advocates do serve as intermediaries between schools and CFRP families. At the opposite extreme is the New Haven program--which is, admittedly, a special case. Almost all Head Start centers in New Haven are located in public schools. Children typically return for kindergarten to the same school where they attended Head Start. Public school and Head Start personnel know each other well. Family advocates serve as intermediaries between parents and teachers, arranging for meetings between them or between a child's kindergarten teacher and former Head Start teacher. If a parent requests tutoring

for a child, Head Start will help arrange the sessions, although the public school system provides the sessions. The child's health records are forwarded to the school if a parent requests it.

Salem is also something of a special case, in that the supervisor of Head Start classroom staff works half time for Salem Public schools, with the title of early childhood coordinator. She meets with principals, guidance counselors, and other school personnel to orient them to the needs of young children and the nature of Head Start. She also sends to the schools medical and development assessment records of children making the transition from Head Start, along with a note to the teacher about the child's participation in CFRP. Records of behavioral problems, if any, are sent to the school counselor.

The three remaining programs all maintain some contact with their respective school systems. In Jackson, where 92 children in 12 schools are involved in the PSL program, every school's principal and every child's teacher is contacted. The PSL coordinator relies on school personnel to bring problems to his attention; PSL activities have been very well received by the schools, to the point where principals attempt to send non-Head Start children to the Family Development Program for help. Health and developmental assessment records are transferred to the school with the parents' permission. In St. Petersburg, no CFRP or Head Start records are shared with the schools; however, school health records are shared with the PSL coordinator and often become part of a family's CFRP file. Direct links have been established by the PSL coordinator with a majority (40) of the schools attended by CFRP children. Lists of CFRP and Head Start children are left with principals or guidance counselors for easy identification when problems arise. Home visitors and the PSL coordinator also set up meetings

between parents and school personnel. In Las Vegas as well, home visitors serve as a liaison between schools and parents. They contact school teachers to inform them of CFRP objectives with respect to individual children. Head Start records are transferred to schools with the parents' permission. An advisory committee has been set up for PSL, which includes the assistant superintendent of schools, the special education coordinator, and the English-as-a-second-language coordinator for the public schools; this committee ensures coordination and communication between schools and the CFRP. Head Start and kindergarten teachers visit each other's classrooms so each knows what to expect from the other. The PSL component in Las Vegas is working with about 40 schools.

In addition to serving as a liaison between parents and schools, PSL staff provide some services directly to parents. In Jackson the PSL component operates within the context of the Family Development Program; PSL families are visited at home regularly, with the home parent teacher taking primary responsibility for the child's development and the family life educator for broader family concerns--just as in other components of the program. In St. Petersburg, as well, home visits serve as a forum for discussions about PSL concerns; parents may also contact the PSL coordinator to discuss school-related problems. In Las Vegas, families with children in public school only are placed on "90-day followup status," and are contacted more infrequently by home visitors for family review. The PSL coordinator informs parents about school policies and about their rights and children's rights with respect to school. Kindergarten teachers are also invited to the center to speak to Head Start parents about school curricula, procedures, and expectations.

In Salem and Oklahoma City, there is no parent-directed aspect <u>per se</u> in the PSL component. The Head Start

supervisor in Salem (who, as noted, works half time for the public schools) may occasionally be contacted by a public school teacher about a particular child. She then contacts the appropriate family advocate to follow up on the call. In addition, she is heavily involved in a program designed to orient parents of entering children to the public school system. This is system-wide, however, and is not a part of CFRP operations. To New Haven staff, PSL means "parent-school liaison," and is directed by the Head Start parent involvement coordinator. The focus of the component is on preparing parents for the Head Start/public school transition. Meetings held for parents at the center provide information about what they and their children should expect from school, and encourage them to become involved in the schooling process. Family advocates provide followup activities to families if problems arise in their children's adjustment to school. Parents frequently use Head Start for help in dealing with the school system.

Finally, some PSL services are provided directly to children. In Oklahoma City, this involves taking them to schools and explaining how school will be different from Head Start. In New Haven, where school is presumably somewhat less different from Head Start than at some other sites, such a visit is planned only if it happens that the child will be attending a school other than the one in which his/her Head Start center was located. Beyond that, preparation largely consists of the principal and kindergarten teachers introducing themselves to the children--although Head Start teachers may also spend some time in preparing children for the transition. In Las Vegas, as well, Head Start teachers are expected to handle this aspect of the component.

Once the child is in public school, aside from dealing with crises and problems of adjustment, the primary PSL service offered to children takes the form of tutoring. As noted, in New Haven this is ordinarily arranged by Head Start staff but offered by the public school. In St. Petersburg numerous referrals are made to the NAACP tutoring program and a community tutorial service. Home visitors in Las Vegas occasionally provide tutoring themselves. The Jackson program offers 1 1/2-hour tutoring sessions weekly, divided by grade level (one kindergarten group, one first-grade, one second- and third-grade), at the CFRP center. School teachers are highly cooperative, developing materials and assignments for their students to use in these sessions. Attendance at the tutoring sessions is reported at 95 percent. The Salem program offers no PSL program for school-age CFRP children per se although, again, the Head Start supervisor directs such a program in connection with her public school responsibilities. This is a First Grade Success Program, open to all Salem first-graders with low scores in school readiness on entry tests.

6.10 Summary

The findings of the program study with regard to CFRP services at the six impact study sites may be summarized as follows:

- Recruitment of new families does not constitute a major task, since demand for CFRP services typically exceeds supply. To varying degrees at different sites, other community agencies and CFRP parents may play a role in recruiting.

- All six programs have established formal processes for needs assessment and enrollment of families. Parents play a major role in determining family needs, setting goals, and developing a plan of action to achieve those goals. Reassessment is scheduled periodically.

If families are not maintaining regular participation in the program, they may be subject to termination. On the other hand, all six CFRPs provide some services to uncommitted, nonparticipating families on as "as-needed" basis.

- CFRP family workers report an average caseload of 22.1 families (with some extreme responses omitted); caseloads are much lower in New Haven, and somewhat lower in Oklahoma City. The modal frequency of staff/family contact is once a week, with the mean slightly higher. Most contacts are in the form of home visits and parent meetings.

- Most family workers provide some direct services to families. The most clearly defined and fully developed aspect of service provision across programs generally is health. Salem has a particularly comprehensive program of preventive health care.

- All six CFRPs refer families to other agencies for a variety of services, although some (such as Las Vegas) emphasize referrals more than others (such as Salem). Most referrals are arranged by the family advocate or home visitor.

- All six programs emphasize parent involvement. Among other things, this takes the form of parents serving on the policy council, or working in the program as volunteers or paid employees. The New Haven CFRP particularly emphasizes the latter, while Salem staff do not encourage it. All the CFRPs offer activities especially for parents, partly in an attempt to increase participation in child-oriented aspects of the program. All have experienced difficulty maintaining parent participation at an optimum level.

- The purpose of the infant-toddler component is to provide developmental stimulation for the young child and, on the parent's part, to improve parenting skills and the quality of parent-child interaction. Infant-toddler center sessions tend to focus on parent and child separately, while home visits focus on the parent with the child. In several of the programs, some instrument is employed to assess the child's development on a regular basis, and the results of these assessments are shared with the parent.

- The purpose and nature of the Head Start component within CFRP are essentialy the same as for any Head Start program, except that the broader spectrum of CFRP services is provided to the family.

- The purpose of the preschool-school linkage component is to ease the transition from Head Start to elementary school for children, their parents, and school personnel. This is the least clearly defined and well-developed of the three major CFRP components. Some transitional services are provided, but they often appear to be incidental by-products of Head Start. Services offered include orientation of children, their parents, and school personnel; liaison between parents and schools; troubleshooting in response to requests from parents or school personnel; and tutoring of children.

Chapter 7

IMPLICATIONS OF PROGRAM STUDY FINDINGS

This chapter is devoted to a brief examination of selected findings of the CFRP program study, as reported in this volume. It reviews these findings from two perspectives: (1) implications for the future of the program study itself, and (2) implications for the in-depth study.

7.1 Future of the Program Study

As pointed out in Chapter 1 of this volume, the purposes of the program study have been largely fulfilled as far as the six programs at the impact study sites are concerned. The comprehensive picture of CFRP operations which the program study was designed to develop has been set out in ensuing chapters. There are five other CFRPs, however, which have been essentially ignored in this report because comprehensive data on these programs are not available. These sites are not part of the impact and in-depth studies, by design; however, they are intended to be covered by the program study. A major task remaining, then, is to determine the degree to which each of these five CFRPs is comparable to the six programs reported on thus far. The staff background questionnaire described in Chapter 3 and the family demographics form described in Chapter 5 should be administered at these sites. Further, interviews with staff, either by means of on-site visits or by telephone, should cover these topics: institutional context of the CFRP; organization, including relationship to Head Start; recruitment, assessment, enrollment, and termination; parent

involvement; direct services and referrals; and the functioning of the infant-toddler, Head Start, and preschool-school linkage components.

As far as the six CFRPs at the impact study sites are concerned, the program study should in the future focus primarily on changes. For example, shifts in program emphasis or modifications in procedures should be monitored. One specific question of interest is the nature of the infant-toddler program in Oklahoma City, still undergoing redevelopment at the time of the site visit in spring 1979. Another is the functioning of the preschool-school linkage component at all sites, given its apparent lack of organization and clarity of purpose to date.

7.2 Questions for the In-Depth Study

As mentioned in Chapter 1, a major purpose of the program study has been to identify program variables for use in the in-depth study, which is concerned with associations between such variables and family outcomes. Some of the program variables which affect services to families and which therefore appear likely to affect family outcomes are highly salient; others are not nearly so obvious. Selected variables of both types are examined briefly here.

Staff preparation--It is possible that amount of staff training may have an impact on the families they serve. This variable may be measured in a number of ways: years of education, degrees held, non-degree programs undergone, on-the-job training, and/or CFRP-sponsored workshops and courses. A more specific, less obvious question: What is the difference in success rate between the New Haven CFRP, where staff education levels are low and the majority are former Head Start parents, and the Salem CFRP,

where education levels are high and few staff members are former Head Start parents? Is a more "professional" staff more predictive of success? Or do former Head Start parents, who can more readily identify with CFRP client famiies, do a better job?

Ethnic background--At most sites, there is a good match between ethnic distribution of client population and ethnic distribution of CFRP staff. Is this match important? More specifically, is ethnic match of family and family worker in the individual case predictive of program success?

CFRP experience--It appears feasible that the length of an individual family worker's experience in CFRP and/or Head Start might make that worker more effective. Less obviously, what impact does high turnover--as in the Las Vegas program--have on the individual family? Is continuity (of one worker with a family over a longer period of time) an important factor? In the same connection, this may reveal another possible disadvantage of team approaches to the organization of work: perhaps--as some CFRP staff members believe--it is important for the family to have one worker with whom they maintain regular contact, and with whom they can identify.

Workload--Another variable of interest may be caseload, the number of families assigned to a worker. More broadly conceived, what about supervisory "caseload"? Can an overloaded supervisory staff--as in Oklahoma City--do an effective job? Is "peer supervision" an adequate substitute? Should home visits be observed more frequently and supervised more directly than is now the practice?

Provision of services--A fairly obvious candidate for a predictor variable is frequency of staff/family contact. What about the nature of that contact, and of the

means employed for providing services? Salem CFRP staff have been characterized as preferring to provide services directly, and Las Vegas staff as emphasizing referral. Is this preference translated into practice? (See Chapter 3 of Volume I for early indications on this question.) Which system is more efficient, and which meets families' needs more effectively?

Parent involvement--A major task for CFRP staff at all six sites is the effort of maintaining parent participation in the program at optimum levels. Staff can conduct home visits (assuming families are available for such visits), but they have little control over participation in center sessions. The question, of course, is whether more is necessarily better. Actually, there are two questions here: (1) Is higher intensity of program involvement associated with program success? (2) Or is the amount of involvement the parent chooses better for the family? This returns to an issue discussed at some length in more than one chapter of this volume. A major objective of the CFRP is to foster family independence--including independence from the CFRP. Thus, some CFRP staff would argue that parents should be free to select their own participation level (although this can also serve as an excuse not to put forth greater effort to encourage participation). At the opposite extreme, it is not yet clear that parental independence is associated with family success (except to the degree that independence itself is considered to be a good.) In New Haven, for example, parents play a relatively minor role in the assessment and goal-setting process. Does that mean that CFRP services in New Haven are less effectively individualized, or that families' needs are not being met? This is a complex issue, not easily resolved.

Program components--There is little doubt that in the New Haven and Salem CFRPs the Head Start component is dominant; to varying degrees, this appears to be the case at other sites as well. In most of the six programs, the majority of families have children of Head Start age at time of entry. It may be that the major reason these programs do not ordinarily need to recruit families is that Head Start regularly furnishes a sufficient supply. This suggests that CFRP may not be serving a different population of families from those served by Head Start. In terms of the evaluation, the question inevitably arises whether the infant-toddler, Head Start, and preschool-school linkage components are differentially effective. At this point, PSL particularly appears to be a kind of "stepchild." On the other hand, it may well be that PSL is functioning as effectively in New Haven as anywhere, given the peculiar circumstances of Head Start at that site.

It is clear that it will not be possible to address all of these questions directly in the CFRP program study--just as it is clear that there are other questions which must and will be addressed. Nevertheless, it does appear that the program study has been useful in helping to identify variables of interest. Further, it would seem that the questions raised here are central to an understanding of what the Child and Family Resource Program is, and what it does.